BOARD, COMMITTEE, AND COMMISSION APPLICATION
(Please Type or Print in Black Ink)

APPLICATION FOR APPOINTMENT TO:

_____

(Name of Board, Committee or Commission)

Name: _____

Home Address: _____

Mailing Address: _____

EMAIL Address: _____ Phone: _____

Occupation: _____ **Employer:** _____ **Phone:** _____

EDUCATION:

Years Completed: _____ College(s): _____ Degree(s): _____

Special Qualifications for Serving: _____

_____

_____

Why do you desire this appointment? _____

_____

How much time are you able to devote to fulfill the obligation of appointment? _____

Do you presently serve on a Board or Commission for any other government entity? ☐ **Yes** ☐ **No**

If yes, please list board and entity: _____

Where did you hear of this vacancy? _____

We will keep your application on file for one year from the date of your application. If you are not appointed to this board, would you like us to resubmit your application for future vacancies? ☐ **Yes** ☐ **No** Name of Board: _____

TOWN OF FREDERICK
BOARD AND COMMISSION APPLICANTS
CONFLICT OF INTEREST DISCLOSURE

Several state laws and municipal ordinances prohibit conflicts of interest on the part of Town board and commission members. A member of a board or commission shall not perform an official act that may have en economic benefit on a business or other undertaking (whether or not for profit) in which the member has a direct or substantial financial interest. Board and Commission members must not be interested in any contract made in their official capacities; or made by any other body, agency or board of which they are members or employees.

1. ALL BOARD AND COMMISSION APPLICANTS

Do you have any direct or indirect financial or economic interest in any business or other undertaking (whether or not for profit) that may have business coming before the board or commission for which you have applied? ☐ **Yes** ☐ **No**

If yes, please describe that interest in the space immediately below (if you need additional space, please attach additional sheets)

_____

_____

_____

IF DESIRED, PLEASE SUBMIT A LETTER OF APPLICATION OR RESUME WITH THIS APPLICATION

This application is subject to the Colorado Open Records Act and should not be considered confidential.

Signature: _____ Date: _____

_____
(Name - Please Print)

TOWN CLERK'S OFFICE USE ONLY

Application Received Date: _____