APPLICATION FOR CONSIDERATION
FOR APPOINTMENT TO A
JEFFERSON COUNTY BOARD

Board/Commission applying for: **COMMUNITY DEVELOPMENT ADVISORY BOARD**	**Appointment: 2 year term**	

The purpose of the Community Development Advisory Board is to make recommendations to the Jefferson County Board of County Commissioners regarding matters related to community development, housing and economic development for low and moderate income residents; to recommend to the Board recipients for federal funds made available to Jefferson County from the Community Development Block Grant, the HOME Investment Partnerships Program, and similar grants; and to serve as liaison for the Board of County Commissioners to the Jefferson County community on issues related to community development.

PERSONAL INFORMATION

Name	
Street Address	
City/State/Zip	
Home Phone	
Business Phone	
E-mail Address	

PROFESSIONAL REFERENCES - List three persons, not related to you, whom you have known for at least one year.

Name	Address	Daytime Phone

- I have been informed of the duties and functions of this board, including the duties and obligations of persons serving as a member of this specific board. ☐ YES ☐ NO

- I understand appointment to the Community Development Advisory Board is for a two year term and that a member may serve two consecutive terms. ☐ YES ☐ NO

- I do ☐ do not ☐ have any personal or business interests in matters before the board for which I am applying. (If the applicant has interests, attach a separate sheet fully disclosing the details)

- Are you currently, or have you been in the past, an employee of a nonprofit organization? If yes, please list the name of the nonprofit and your title.

  Nonprofit: _____
  Title: _____

- I do ☐ do not ☐ have any scheduling conflicts that would affect my ability to attend board meetings. (If you do have conflicts, please explain. Use a separate sheet if necessary.) ***The Community Development Advisory Board meets monthly on the 4th Thursday of the month from 3:00 p.m. to 4:30 p.m. Additional meetings will be required during grant selection process.***

I do hereby certify that to the best of my knowledge and belief the information contained herein is true and correct, and that I have fully disclosed any personal or business interests in matters before the Board for which I am applying.

I understand that the Colorado Public Records Law may require that certain information contained on this application be accessible to the general public, except when specifically made confidential by statute.

Signature: _____ Date: _____

Return completed application form to: **Jefferson County Community Development Department, 900 Jefferson County Parkway, Golden CO 80401.**

ADDENDUM FOR
COMMUNITY DEVELOPMENT ADVISORY BOARD APPLICANTS

Please tell us what you will bring to the Community Development Advisory Board relative to your personal and professional experience and how you feel this would benefit the Advisory Board.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

EMPLOYMENT:

Present Employer

Present Employer	
Street Address	
City/State/Zip	
Position	
Duties	

Previous Employer

Present Employer	
Street Address	
City/State/Zip	
Position	
Duties	

Previous Employer

Present Employer	
Street Address	
City/State/Zip	
Position	
Duties	