

APPLICATION FOR APPOINTMENT TO CITY BOARDS AND COMMISSIONS

Application Instructions

Complete the following application. Please answer all questions thoroughly, as the application you submit will be the sole source of information that Staff and City Council will use during the screening process. You may attach supporting documents to this electronic application by uploading documents from your computer. Applications will be active for one year from the date they are received. After one year, they will become inactive and you may need to re-apply.

| Are you a Westminster Resident? | 443 | Resident Since (mm/yyyy): |
|---|------------------------------|---------------------------|
| Full Name: | | |
| | | |
| | | |
| City: | State: | Zip: |
| Email Address: | | Phone Number: |
| Employer: | | |
| Occupation: | | |
| Highest level of education completed | li coas assi | |
| Please select the city board or comm | ission are you applying for: | |
| If you have a second choice, please s | elect it here: | |
| If you have a third choice, please sele | ect it here: | |
| Questions | | |

1. Give the reason(s) for your interest in serving on a city board or commission.

| 2. What contributions do you feel you can make to the city? | | | | |
|--|--|--|--|--|
| 3. What previous work experience, civic activity, or other volunteer service would you bring to the position? | | | | |
| 4. How would you approach a board decision that faces strong public opposition? | | | | |
| 5. Do you have any attachments? | | | | |
| | | | | |
| By signing this application, I confirm that I can fulfill the obligations required to serve on a city board or commission. These commitments include attending regularly scheduled meetings, completing the Boards and Commissions Orientation, and upholding the bylaws and/or Code of Conduct for the desired board. | | | | |
| Signature: Date: | | | | |

AFFIDAVIT OF STATUS AND RELEASE

| l, | , hereby swear or aff | irm: |
|--|-----------------------------|---------------------------------------|
| CHECK ALL THAT APPLY: | | |
| (A) that I have not been convicted of a jurisdiction, or | felony under the laws of | f the State of Colorado or in another |
| (B) that I have been convicted of the fe | elonies described below: | |
| | | |
| (C) that I am not in default to the City o | of any other government | al unit. |
| And the facts contained within this statemen | nt are true and correct. | |
| I further authorize the City of Westmindependent third party, with the understan Records Act and the criminal background inf | nding that the City is a pu | |
| Date of Birth: Middle Name: | | _ SSN: |
| Driver's License Number: | State of D/L Issue: _ | Gender: |
| | | Email: |
| (Residential Address) | | |
| (Signature) | _ | |