



# Board, Commission or Committee Application

To be considered a candidate for a board, commission or committee, please complete this application and return it to the town clerk's office, 151 Grant Ave., Firestone, CO 80520, fax to 303-833-4863 or email to cmedina@firestoneCO.gov. Application deadlines vary and are only accepted when and if there is a vacancy.

Qualifications: All positions require residency within the Town of Firestone, and, in some instances, a particular area of experience or vocation is preferred. Additional information can be found on the town's website under boards, commissions and committees, or you can contact the town clerk's office at 303-531-6264.

The Board of Trustees will review candidate applications and, upon approval, will formally appoint individuals at a regularly scheduled town board meeting.

Name of Board, Commission or Committee: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you been a resident in Firestone? \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Do you currently serve, or have you previously served, on a board, commission or committee? If so, which one(s)?

\_\_\_\_\_

Why do you want to become a member of this particular board, commission or committee? \_\_\_\_\_

\_\_\_\_\_

Briefly explain what you believe are the two most important issues facing this board, commission or committee, and how do you believe this board, commission or committee should address each issue?

1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any abilities, skills, licenses, certificates, specialized training, or interests which are applicable to this board, commission or committee?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify any activities which might create a conflict of interest that would prevent you from official action if you should be appointed to this board, commission or committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you attended a meeting of the board, commission or committee you are applying for or talked to anyone currently on the Board of Trustees? Yes No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not appointed at this time, would you be interested in serving on any other boards, commissions or committees for the Town of Firestone? If so, please list any preferences: \_\_\_\_\_  
\_\_\_\_\_

All applicants are strongly encouraged to attend a regularly scheduled meeting of the board, commission or committee for which they are applying. The Town of Firestone will make reasonable accommodations for access to town services, programs and activities and will make special communication arrangements for persons with disabilities. Please call 303-531-6264 for assistance.

**I certify that all statements on this form are true and complete. I further understand that false statements shall be sufficient cause for rejection of this application.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_