

APPLICATION FOR BOARDS/COMMISSIONS

BOARD/COMMISSION AF	PPLIED FOR:				
NAME:	-				
HOME PHONE:	WORK PHONE:		CELL PHONE:		
HOME ADDRESS:		CITY:	ZIP		
WORK ADDRESS:		CITY:	ZIP		
E-MAIL ADDRESS:					
PREFERRED MAILING ADDRESS:					
Please indicate at which address you would prefer to receive Board/Commission: CORRESPONDENCE HOME WORK EMAIL TELEPHONE CALLS HOME WORK CELL					
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CURRENT OCCUPATION:					
EDUCATION:					
PLEASE DESCRIBE ANY RELEVANT WORK AND/OR VOLUNTEER EXPERIENCE WHICH WOULD CONTRIBUTE TO YOUR SERVICE ON THIS BOARD/COMMISSION:					
					
WHY ARE YOU INTERES					

WHAT DO YOU PERCEIVE TH	IS BOARD OR COMMISS	SION'S FUNCTION TO BE?
MIGHT YOUR PRESENT EMPL CONFLICT OF INTEREST FOR PLEASE EXPLAIN:		SONAL AFFILIATION CREATE A F THIS BOARD/COMMISSION?
DO YOU SERVE ON ANY OTH LIST:	ER LOCAL BOARDS OR	COMMISSIONS? IF SO, PLEASE
SIGNATURE		DATE
PLEASE RETURN COMPLETE LA PLATA COUNTY ADMINISTRA ADMINISTRATION DEPT. 1101 E. 2 ND AVENUE DURANGO, CO 81301		
OR FAX TO: 970-382-6299	OR EMAIL TO:	
INFODESK@CO.LAPLATA.CO.US	3	
IF YOU HAVE ANY QUESTIONS, OR	NEED ADDITIONAL INFORMA	ATION, PLEASE CALL 970-382-6219

Please take notice that any information submitted as part of this application may be a public document and subject to public disclosure pursuant to the Colorado Open Records Act.