



ADVISORY COMMITTEE, BOARD OR COMMISSION
APPLICATION

(Please type or use black ink)

I REQUEST APPOINTMENT TO: _____
(Please complete one application for each desired appointment)

NAME: _____

MAILING ADDRESS: _____

(please include zip code)

RESIDENCE ADDRESS: _____

PHONE NUMBER: Home: _____ Work: _____

HOW LONG HAVE YOU LIVED IN JOHNSTOWN? _____

OCCUPATION & EMPLOYER: _____

VOLUNTEER AND/OR WORK EXPERIENCE: _____

1. Are you presently serving on Town Council or on an appointed committee, board or commission? If so, which one (s)?

2. Why do you wish to be appointed?

3. List any abilities, skills, or interests which are applicable to the position for which you are applying:

(Advisory board, commission or committee application, cont'd.)

4. Are you committed to attending meetings? _____

5. Are you committed to serving an entire term? _____

6. Please specify any activities which might create a serious conflict of interest if you should be appointed to a particular board, commission or committee. (If unsure, please call the Town Manager at 970-587-4664)

7. Although you are not required to have extensive knowledge or experience related to the board, commission or committee, please list any licenses, certificates or other specialized training applicable to the board, commission or committee for which you are applying.

8. Additional information or references you believe may be helpful in considering your application.

9. If you are not appointed at this time, are you interested in serving in the future? _____

10. May we contact you in the future if a vacancy opens?

Signature

Date

ATTACHMENTS TO APPLICATION MUST BE LIMITED TO TWO PAGES

