



ARCHULETA COUNTY APPLICATION FOR BOARD AND COMMITTEE MEMBERSHIP

Return completed application to:
County Administration Building
Attn: Executive Assistant
P.O. Box 1507
Pagosa Springs, CO 81147
Fax: (970) 264-8306

Please type or use black ink
Please complete one application for each board or committee membership
Please limit attachments to two pages
For questions or additional information, call the County Administration Dept. (970) 264-8308

Name: _____
(Please print legal name and your name as you wish it to appear, if different.)

Name of Board/Committee
of Interest: _____

Yes, I would be interesting in serving on subcommittees that may be formed.

Personal Information

Home Address: _____
Mailing Address: _____
Telephone: _____ Fax: _____
E-Mail: _____
Archuleta County Resident for _____ years
Permanent Resident? Yes _____ No _____

Occupational Information

Business Name: _____
Occupation: _____
Address: _____
Telephone: _____ Fax: _____
E-Mail: _____

Have you served on a board in another city/county before? _____

Prior work experience: *(please include dates)*

Educational Achievement:

High School Graduate? Yes No Year Graduated/Left School? _____
Business College, Correspondence School, Adult Education, Other? _____
Name of College/University: _____ Bachelor's Master's PhD

Volunteer Work: *(please include dates)*

Have you ever been convicted of a crime (except for minor traffic offenses that resulted only in a fine)? Yes No

If yes, please explain in complete detail. State the nature and approximate date of the conviction, the sentence imposed, whether the sentence has been completed, and any other information you consider to be relevant.

Application held for 12 months from date received

Are you presently serving on a County board or committee? Yes No

If so, which one? _____

Why do you want to become a member of this particular board/committee (*how would you use this experience to benefit the County*)?

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

1) _____

2) _____

3) _____

List any abilities, skills, licenses, certificates, specialized training, or interests you have which are applicable to this board or committee:

Please specify any business or personal relationships with the county or with the Town of Pagosa Springs or other activities, which might create a serious conflict of interest or affect your ability to serve if you should be appointed to this board:

Have you attended a meeting of the board you are applying to or talked to anyone currently on the board? Yes No

Comments: _____

Statement of Intent

I am aware of the requirements of the County regarding conflicts of interest of appointees to Archuleta County Boards and Committees, as noted in the overview. I am aware of meeting dates and times of the Board or Committee for which I have applied, and that Board or Committee members are expected to attend a minimum of 75 percent of regularly scheduled meetings annually. If appointed, I agree to serve on the Board or Committee for which I have applied. Applications, including those received after the posted deadline, will remain on file for one year from the date of receipt.

Signature: _____ Date: _____

ADDITIONAL INFORMATION THAT YOU WOULD LIKE TO SHARE WITH THE ARCHULETA COUNTY BOARD OF COUNTY COMMISSIONERS REGARDING YOUR INTEREST IN SERVING ON AN ARCHULETA COUNTY BOARD OR COMMITTEE:

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For office use only:

Date Received: _____

Received by: _____

Board/Committee Approval: Reviewed and approved for appointment at a duly noticed meeting dated _____.

By: _____

Name: _____

Title: _____

Board of County Commissioners Approval: Appointed to the Board/Committee at a duly noticed meeting dated _____ via Resolution _____.

Chairman, Board of County Commissioners