



Advisory Committee Application

To be considered a candidate for a committee, please complete this application and return it to the Town Clerk's Office, 328 Massachusetts Ave., PO Box 1229, Berthoud, Co. 80513, fax to (970) 532-0640, or email to mcowdin@berthoud.org. Application deadlines vary. Late applications will be kept on file for one year for future vacancies.

Additional information can be found on the Town's website under Advisory Committees or contact the Town Clerk's office at (970) 532-2643.

Candidates will be invited to an interview with the interview team and appointments are made by the Town Board as a whole.

Name of Committee or Commission: _____

Name: _____

Address: _____

Day Phone: _____ Night Phone: _____

E-Mail Address: _____

How long have you been a resident of Berthoud? _____

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

Why do you want to become a member of this particular committee? _____

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

1) _____

2) _____

List any abilities, skills, licenses, certificates, specialized training, past related experience or interests you have which are applicable to this 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 committee.

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

Comments: _____
- _____

If not appointed at this time, would you be interested in serving on any other advisory committees at the Town of Berthoud? If so, please list any preferences:

All applicants are strongly encouraged to attend a regularly scheduled meeting of the committee for which they are applying prior to submitting an application.

The Town of Berthoud will make reasonable accommodations for access to Town services, programs, and activities and will make special communication arrangements for persons with disabilities. Please call (970) 532-2643 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: _____
