



# BOARD OF TRUSTEES APPLICATION

To be considered to fill the vacancy on the Board of Trustees, 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](mailto:mcowdin@berthoud.org). Application deadline is May 13, 2011.

For additional information contact the Town Clerk's office at (970) 532-2643.

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

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

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

Day phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How long have you been a resident of Berthoud? \_\_\_\_\_

Are you registered to vote? \_\_\_\_\_

Why do you want to become a member of the Board of Trustees? \_\_\_\_\_

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

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Do you currently serve, or have you served previously, on any other boards, commissions or committees other than the Town of Berthoud?

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

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

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

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

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Define a successful economic development strategy for Berthoud. \_\_\_\_\_

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If you were charged with designing the community for a point in time 20 years into the future, what elements would you focus on? \_\_\_\_\_

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Should you be appointed to the Town Board, are you currently involved in any activities which may be perceived as a potential "conflict of interest"?

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Will you be able to regularly attend the Board meetings? \_\_\_\_\_

*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. I also understand that this document is a public record and will be available to the public, including the press.

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