**Town of Berthoud**

**Advisory Committee Application**

To be considered a candidate for a committee, please complete this application and return it to the Town Clerk's Office, 807 Mountain Ave., PO Box 1229, Berthoud, Co. 80513, fax to (970) 532-0640, or email to csamora@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: ___________________________

Email 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: __________________________