

CITY OF GREELEY, COLORADO

Application for Appointment to the Commission on Disabilities

To be considered a candidate, please complete this application and return it to the City Clerk's Office (350-9741), 1000 10th Street, Greeley, Colorado 80631. All candidates will be notified and given an opportunity to visit with a team of City Councilmembers. Recommendations from the team will be forwarded to City Council for appointment consideration. Thank you for your interest!

Qualifications: There will be seven (7) members of the Commission that are residents of the City of Greeley. Five (5) of the members will be individuals with a disability, with a variety of disabilities being represented; one (1) member will be a parent of a minor child with a disability; and one (1) member will be a representative of a local employer.

NAME ADDRESS E-MAIL

EMPLOYER and OCCUPATION WORK PHONE HOME PHONE

PLEASE LIST YOUR WORK AND/OR LIFE EXPERIENCES, COMMUNITY INVOLVEMENT, AND OTHER INTEREST THAT APPLY TO THIS BOARD:

PLEASE LIST ANY LICENSES, CERTIFICATES OF SPECIAL TRAINING, OR EDUCATION YOU HAVE THAT APPLY TO THIS BOARD:

BRIEFLY DESCRIBE THE REASONS FOR YOUR INTEREST IN SERVING ON THIS BOARD: _____

DO YOU CURRENTLY SERVE, OR HAVE YOU SERVED PREVIOUSLY, ON A BOARD OR COMMISSION? IF SO, WHICH ONE(S)?

IF YOU CURRENTLY SERVE ON A BOARD OR COMMISSION, DO YOU PLAN TO:

- CONTINUE TO SERVE ON THE CURRENT BOARD OR COMMISSION: OR
- RESIGN YOUR POSITION ON THE CURRENT BOARD OR COMMISSION

I affirm that I meet the qualifications listed to serve on the Commission on Disabilities for which I am applying, and qualify as:

- _____ An individual with a disability (such as sensory, mobility, developmental, mental health, etc.)
- _____ A parent of a minor child with a disability
- _____ A representative of a local employer

SIGNATURE DATE