



APPLICATION FOR THE CITY OF LOVELAND'S BOARDS/COMMISSIONS

NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE NUMBER: _____

BOARD OR COMMISSION APPLYING FOR*: _____

*Loveland Utilities Commission application requires a separate financial disclosure form [Section 2.14.010(M)]

*Planning Commission application requires a separate financial disclosure form [Section 2.14.010(L)]

DO YOU LIVE WITHIN CITY LIMITS? YES ☐ NO ☐

If you do not live within the City limits, describe your "substantial ties" within the City, which ties may include property ownership, employment, or conducting a business or profession within the city.

LENGTH OF RESIDENCY IN THE LOVELAND AREA? _____

If you are applying for the Community Marketing Commission, describe any background or experience you have in the fields and business of lodging, tourism, the arts, marketing, economic development or community development

ARE YOU CURRENTLY SERVING ON A BOARD/COMMISSION? YES ☐ NO ☐
IF YES, WHICH BOARD/COMMISSION: _____

An individual may not serve on more than one board or commission at a time unless: 1) the member is the only qualified applicant for the position, or, 2) the member resigns his or her position on the first board or commission prior to or upon appointment to the second board or commission.

WHAT SPECIAL EDUCATION, SKILLS OR EXPERIENCE DO YOU BRING TO THE BOARD OR COMMISSION THAT CONTRIBUTES TO ITS MISSION? _____

WHAT DAYS OF A TYPICAL MONTH YOU ARE UNABLE TO ATTEND MEETINGS?

ARE YOU INVOLVED IN ANY ACTIVITIES THAT MIGHT CREATE A CONFLICT OF INTEREST?
YES ☐ NO ☐
IF YES, EXPLAIN: _____

WHY DO YOU WANT TO BE A MEMBER OF THIS BOARD/COMMISSION?

PERSONAL REFERENCE (NOT RELATIVES) WHO CAN SPEAK TO YOUR QUALIFICATIONS TO SERVE:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY:

EMPLOYER	ADDRESS	DATES	POSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby submit my application for the position indicated. I understand that the City will verify information contained herein and may make other inquiries, which it deems appropriate to consideration of my application, and I consent to such inquiries.

Signature

Date

Submit application to: City Manager's Office, 500 East Third Street Ste 330, Loveland, CO 80537,
Telephone: (970) 962-2303.

THE CITY OF LOVELAND DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY, RACE, CREED, COLOR, SEX, SEXUAL ORIENTATION, RELIGION, AGE, NATIONAL ORIGIN, OR ANCESTRY IN THE ADMISSION, ACCESS OR APPOINTMENT TO, OR TREATMENT OR EMPLOYMENT IN, ITS PROGRAMS OR ACTIVITIES.