



**CITY OF LOVELAND  
APPLICATION FOR THE HUMAN SERVICES COMMISSION**

The mission of the Loveland Human Services Commission, also known as HSC, is to serve as a link between City Council and citizens in Loveland who are in need of food, shelter, counseling, domestic violence assistance, youth programs, and a variety of other services.

**NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME TELEPHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**LENGTH OF RESIDENCY IN THE LOVELAND AREA:** \_\_\_\_\_

**WHAT SPECIAL SKILLS OR BACKGROUND DO YOU BRING TO THE HUMAN SERVICES COMMISSION?**

**WHAT DAYS WOULD YOU BE UNABLE TO ATTEND MEETINGS?**

**WHY DO YOU WANT TO BE MEMBER OF THE HUMAN SERVICES COMMISSION?**

**ARE THERE ANY PROJECTS OR ISSUES YOU WOULD LIKE THE HUMAN SERVICES COMMISSION TO PURSUE?**

**REFERENCES OF TWO TEACHERS:****NAME****SCHOOL****PHONE****REFERENCE OF ONE ADULT:****NAME****ADDRESS****PHONE****REFERENCES OF TWO STUDENTS:****NAME****ADDRESS****PHONE****EMERGENCY CONTACT INFORMATION (parent and/or guardian)****NAME (RELATION)****ADDRESS****PHONE**

THE CITY OF LOVELAND ENCOURAGES APPLICATIONS FOR VACANCIES ON ITS BOARDS AND COMMISSIONS FROM PERSONS OF RACIAL AND ETHNIC MINORITIES, SENIORS, WOMEN, PERSONS WITH DISABILITY AND OTHERS WITH DIVERSE BACKGROUNDS. THE CITY OF LOVELAND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR HANDICAPPED STATUS IN THE ADMISSION, ACCESS OR APPOINTMENT TO, OR TREATMENT OR EMPLOYMENT IN, ITS PROGRAMS OR ACTIVITIES.

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. I understand that I am not insured by Worker's Compensation Insurance. I understand that I am covered by an Accident Medical Insurance Policy with a limit of \$15,000 per incident and I accept this as the limit of City liability while I am a volunteer with the City of Loveland. I hereby release the City of Loveland, its officers, employees and agents from any and all claims, damages and liability, including any claims of personal injury and property damage arising from my participation on the Loveland Human Services Commission.

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**Signature**

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**Date**

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**Signature of parent and/or guardian if applicant is under the age of 18**

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**Date****Submit application to:**

Community Partnership Office, 500 East Third St., Suite 210 Loveland, CO 80537

Attn: Alison Hade

**Call with questions: 970 962-2517**