



Front Range Waste Diversion Enterprise Reappointment Application for Board of Directors

Please complete the application below in its entirety, attach a current resume, and return to Deborah Nelson via email at deborah.nelson@state.co.us. For questions, please contact Deborah Nelson, Front Range Waste Diversion Board Administrator via the email address listed above.

CONTACT INFORMATION

Last Name:		First Name:		Home County:	
Home Address:			City:	State:	Zip Code:
Present Employer:			Home Phone:	Preferred E-mail:	
			Business Phone:	Business County:	
Business Address:			City:	State:	Zip Code:
Gender:		Ethnicity:			

EDUCATION AND GENERAL QUALIFICATIONS

LEVEL	NAME	LOCATION	DIPLOMA RECEIVED	MAJOR COURSE OF STUDY
High School				
College				
Graduate Studies				
Trade/Technical/ Vocational/Military				

Memberships in Organizations and Offices Held (Indicate whether past or present)	
Volunteer Activities (Indicate whether past or present)	

REFERENCES (Please list three persons, not related to you)

NAME	ADDRESS	PHONE #

The department's Executive Director appoints board members.

If reappointed, you are expected to attend fully to the duties of the position. The board meets monthly for approximately 5 hours and members may serve on subcommittees as needed. In addition, members are expected to spend between 20 and 40 hours scoring grant applications each year and participate in multiple grant deliberation meetings of approximately 5 hours in duration.

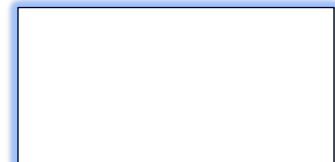
Are you able to commit to level of participation? Yes No

Based on your board experience thus far, what subject matter expertise do you provide to support the board's strategic initiatives? What recommendations do you have for improving the board's work or processes?

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to obtain any and all pertinent information personal or otherwise. I release all parties for all liability for any damage that may result from furnishing such information. I understand that the Colorado Open Records Act requires that certain information contained in this application be available for inspection upon request.



Applicant Signature



Date