



APPLICATION FOR YOUTH ADVISORY BOARD MEMBERSHIP

ATTACHMENTS TO APPLICATION MUST BE LIMITED TO TWO PAGES.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR APPOINTMENT.

Fax or email completed documents to cmacrina@fcgov.com or (970) 416-2525

If you have questions or need additional information, contact: City Clerk's Office (300 LaPorte Avenue) at 970.416.2525

Eligibility Requirements:

■ 1 year residency within the [Fort Collins Growth Management Area](#)

Name: _____

Mailing Address: _____ Zip: _____

Residence: _____ Zip: _____
(If different than Mailing Address)

Home Phone: _____ Cell Phone: _____

E-mail: _____

Are you under 21 year of age? Yes No

Have you resided within the [Fort Collins Growth Management Area](#) for one year? Yes No

Which [Council District](#) do you live in? _____ Are you a registered voter? Yes No
(Applies to 18 yrs or older)

If you are a student, which school do you attend? _____ Current Grade Level: _____

If you have a job, where do you work and what do you do?

Volunteer experience (please include dates):

Are you currently serving on a City board or commission? Yes No

If so, which one? _____

Can you commit to meeting one day a month for at least 1 year? Yes No

Will you be able to provide your own transportation to meetings? Yes No

If you are under the age of 21 and still in school, have you discussed your participation on this board with your parent(s) or guardian(s)? Yes No

Why do you want to become a member of this particular board or commission?

Have you attended a meeting of the board or commission you are applying to or talked to anyone currently on the board?

Yes No

If Yes, please share your experience:

List any abilities, skills, licenses, certifications, specialized training, or interests you have which are applicable to this board or commission:

Briefly explain what you believe are the three most important issues face this board or commission, and how do you believe this board or commission should address each issue?

(1)

(2)

(3)

Please specify any activities which might create a serious conflict of interest if you should be appointed to this board or commission:

Have you ever been convicted of a crime (except for minor traffic offenses that resulted only in a fine)?

Yes No

If yes, please explain in detail. State the nature and approximate date of the conviction, the sentence imposed, whether the sentence has been completed, and any other information you consider to be relevant.

Upon application for and acceptance of appointment, board and commission members demonstrate their intention and ability to attend meetings. If appointed, frequent nonattendance may result in termination of the appointment.

By typing my name in the space provided, I submit my electronic signature and application to the City of Fort Collins and swear or affirm under penalty of perjury pursuant to the laws of the State of Colorado:

- *that I meet the eligibility requirements of the position sought and*
- *that the information provided in this application is true and correct to the best of my knowledge.*

Signature: _____ Date Submitted: _____

(Type your name here)

Optional: How did you learn of a vacancy on this board or commission?

Newspaper Cable 14 City News (Utility Bill Insert) Website

Other (please specify) _____