

# BOARD AND COMMISSIONS APPLICATION



PLEASE COMPLETE THE FOLLOWING INFORMATION IN FULL AND RETURN  
WITH AN ATTACHED CURRENT RESUME OR BIOGRAPHY TO THE ADDRESS BELOW.  
TO SUBMIT ELECTRONICALLY: E-MAIL ALL OTHER DOCUMENTS AFTER SUBMITTING THIS FORM.  
*Type or Print in Blue or Black Ink*

Board or Commission: Denver HIV Resources Planning Council

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work/Home Fax: \_\_\_\_\_

Are you a registered voter? Yes No If so, what county? \_\_\_\_\_

City Council District No. \_\_\_\_\_ Social Security No. (Optional): \_\_\_\_\_

Highest Level of Education or Degree earned: \_\_\_\_\_ Year completed: \_\_\_\_\_

Memberships/Organizations/Volunteer Activities (Include Past or Present)

References: (List three persons, not related to you, whom you have known at least one year)

Name	Address	Phone Number
------	---------	--------------

## Special Information:

Is there anything that would adversely affect public confidence in your appointment or service? Yes No  
If yes, please explain on a separate sheet of paper.

Signature

Date

## RETURN COMPLETED FORM TO:

Maria Lopez, Program Manager  
Denver HIV Resources Planning Council  
200 W.14<sup>th</sup> Avenue, Suite 210  
Denver, CO 80204

[marial@dhrrpc.org](mailto:marial@dhrrpc.org)  
720-865-5503 Direct line  
720-865-5535 Fax Number  
[www.dhrrpc.org](http://www.dhrrpc.org)

If submitting electronically an actual signature  
will be required during the interview process.

Revised July 2013