

JUN 30 2014

TOWN OF CASTLE ROCK DEVELOPMENT SERVICES

TOWN OF CASTLE ROCK

BOARD OR COMMISSION APPLICATION - 2014

(If interested in multiple Boards or Commissions, please list preferences in the order of interest.)

Name of Board or Commission 1st Choice HISTORICA BOARD	<u>New</u>	Re-appointment
2 nd Choice		***************************************
3 rd Choice		
4 th Choice	Laurente de	the same of the sa
Name Monica Crim		
Home Address		
City / State / Zip CASHEROCK CO		
Work Phone Na Home	Cell_	sam-e
Email address	No.	
Occupation Stay at home mom		
Please indicate why you are interested in serving as a Commission(s) indicated above. (Please attach addition of moved to confile Rock 14 y My home. I love out communication out small town feel a neighborhood.	nal sheets if	necessary)
What qualifications and / or experience do you have the Board or Commission member? (You may attach a res エー州・ルト ナード <i>vel</i> y ・M/0/ †an ナ	ume, howeve to pres	er, it is not required) 'El VC OVI
heritage without preventing g good listener; will champi neighbors in our Craig : Gou	on for ld com	t am a my munity.

Please indicate all current memberships in community organizations, business associations, boards, clubs, foundations and/or volunteer activities.

I am a volunteer at my sons school.

Please list previous employment history for the prior 5 years.

1/a

Affirmation (Please Initial Each Statement)

mc	I understand that attendance at Board & Commission meetings is crucial to the
success o	of the organization and I am aware of the meeting schedule.

I understand that should I become an employee of the Town, I would be	required t	to
resign my appointment.		

I understand that I am held accountable to Ordinance No. 2007-05 and the Code of Conduct as an appointee to a Board or Commission.

I understand that the Colorado Public Records Law may require information within this application to be accessible to the general public, except when specifically made confidential by statute.

All information and statements contained in this application is accurate and truthful.

1000

Date

Applicant's Signature

Please contact the Town Clerk's Office at 303.660.1367 with any questions.

Return completed application as follows:

EMAIL smisare@crqov.com

DROP OFF Town Hall / 100 North Wilcox / Castle Rock, CO 80104

MAIL Town Hall / 100 North Wilcox / Castle Rock, CO 80104

FAX 303.660.1024