

# BOARD AND COMMISSIONS APPLICATION



PLEASE COMPLETE THE FOLLOWING INFORMATION IN FULL AND ATTACH A CURRENT RESUME OR BIOGRAPHY AND RETURN TO THE ADDRESS BELOW  
*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: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Cell Phone/Pager \_\_\_\_\_ 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)

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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 Coordinator (720) 865-5503 Direct line  
Denver HIV Resources Planning Council (720) 865-5536 Fax Number  
200 W. 14<sup>th</sup> Avenue, Suite 210 [www.dhrpc.org](http://www.dhrpc.org)  
Denver, CO 80204