



## APPLICATION FOR COMMERCE CITY BOARDS AND COMMISSIONS

### Board or Commission

Applying  
For: \_\_\_\_\_

### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Number of Years  
Residing in Commerce City: \_\_\_\_\_

### Experience and Civic Activities

Do you have any training, experience, education, or skills that would enhance your ability to serve on this board/commission?  
If yes, please explain:

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Please list all civic/professional/sports organizations and activities in which you have participated during the last five years.

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Do you presently serve on any other governmental board or commission?

Yes or No: \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Please briefly state why you are interested in serving on this board or commission.

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**Conflict of Interest** is defined as the participation in any board/commission activity, recommended action, or decision from which the individual has or could have the potential to receive personal gain, whether direct or indirect.

In accordance with this definition, do you have legal or equitable interest in any business, however organized, which could be construed as a conflict of interest with any potential board/commission activity, recommended action or decision? If yes, please explain:

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In accordance with this definition, do you own any real property located in Commerce City or Adams County in which you have a legal or equitable interest which could be construed as a conflict of interest? If yes, please explain:

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**CERTIFICATION**

By checking the boxes below, I hereby certify and acknowledge, understand and agree to the following:

- The foregoing is true and correct to the best of my knowledge.
- I expressly release and discharge the City of Commerce City and its agents and employees from any liability, claim or demand of any nature whatsoever arising out of the dissemination of information I have provided herein.
- To be considered for a position on a board or commission, the City of Commerce City may need to conduct a criminal background check on me. I therefore authorize the City of Commerce City to conduct a criminal background investigation, including obtaining my criminal history from law enforcement agencies. I understand that information resulting from such an investigation may be subject to public scrutiny under the Colorado Open Records Act.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_