



## APPLICATION FOR BOARD APPOINTMENT

To be considered as a candidate, please complete this application and return it to the City Clerk's Office at 130 South McKinley Avenue, Fort Lupton, CO 80621 (Phone: 303-857-6694). The City Clerk will submit your application to the Mayor for review. Thank you for your interest!

Date: \_\_\_\_\_

City of Fort Lupton Resident? Yes

No

Name: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

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

Occupation: \_\_\_\_\_

e-mail: \_\_\_\_\_

Board or Commission for which you are applying: (Please use a separate application if applying for more than one.)

1. Please list your work experience, community involvement, and other interests which apply to this Board or Commission: (Information may be continued on back of form or attached.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List any licenses, certificates of special training, or education which apply to this Board:

\_\_\_\_\_  
\_\_\_\_\_

3. Briefly describe the reasons for your interest in serving on this Board:

\_\_\_\_\_  
\_\_\_\_\_

4. Please list supporting documents if not continued on other side:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

# Memorandum

**To:** Committee Members

**Re:** Volunteer Accident Medical Plan (VAMP)

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As a member of a recognized Committee for the City of Fort Lupton, you have insurance coverage under the Volunteer Accident Medical Plan (VAMP). This coverage is required by the State of Colorado and provides limited benefits to all Committee members in case of injury while acting within the duties of the committee(s) they serve on. The City of Fort Lupton is required to report all Committee Members to the Colorado Department of Labor, Division of Workers' Compensation. Reporting requirements include every individual's name, committee they serve on and their social security number. Your information will be kept confidential by the Human Resources Department.

Should you have questions, please do not hesitate to contact Nanette Fornof, City Clerk, at 720-466-6101.

Thank you for your cooperation!

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Name: \_\_\_\_\_  
(Please Print)

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)