



CITY OF BOULDER HUMAN SERVICES DEPARTMENT

Human Services Advisory Boards and Committees

Application – 2016

Human Services advisory boards and committees represent the broad public interest in providing consultation and expertise to the city via department staff. Members are subject to the Human Services Advisory Board and Committee Representation Policy and City of Boulder ordinances. Please see the specific guidelines of each advisory board and committee for additional information, requirements and supplementary questions.

Please indicate the Human Services advisory board or committee for which you are applying:

Immigration Advisory Committee (IAC)

Senior Community Advisory Committee (SCAC)

Youth Opportunities Advisory Board (YOAB)

Human Services Fund Advisory Committee (HSFAC)

I am a:

New Applicant

Renewing Applicant

Contact Information

Applicant Name _____

Street Address and Zip Code _____

Mailing Address and Zip Code (if different than above) _____

City of Boulder Resident* Yes No Unsure Length of City Residency _____

*City of Boulder residency is required for the HSFAC, SCAC, MSAC and YOAB. For the IAC, the appointment of immigrants residing in Boulder County who work in the City of Boulder or have a business interest in the City of Boulder shall be considered if qualified city residents are not available.

Preferred phone number: _____ Home Cell Work Email _____

Employment Status Currently Employed Retired Other _____

Occupation (Current or Former) _____

Employer (Current or Former) _____

All YOAB Applicants and MSAC Applicants Who Are of High School Age

Birth Date: _____ Age: _____

Name of school (if any) you'll attend next year: _____ Grade next year: _____

YOAB Applicants Only Statement of Support Requirement: You are strongly encouraged (not required) to include a statement of support **from another youth** with your application. Ask a peer who knows you well to write a letter as described in the attached form. You can submit the letter with your application, or the person writing it can send it in separately. If you would like to add a statement from an adult, you may do that as well – but in that case, make sure you have one from another student too.

Conflicts of Interest

Individuals who have an actual or perceived conflict of interest with a committee or board may not serve on it. A conflict of interest includes any situation in which, considering all circumstances, a reasonably prudent person observing the situation would expect a marked tendency to make a decision other than an objective one. The following questions help identify actual or perceived conflicts of interest.

Are you a City of Boulder employee? Yes No

Do you have a relative working for the City of Boulder’s Human Services Department? Yes No

If yes, state name and relationship _____

Do you have a relationship with a Human Services Department employee which, in the eyes of the general public, may be seen as creating a conflict of interest? Yes No

If yes, state name and relationship _____

Do you have a business contract or relationship in the area of human services? Yes No

If yes, describe business contract or relationship _____

Do you receive, or do you represent an organization which receives funding from the City of Boulder?

 Yes No If yes, explain the circumstances _____

Do you currently serve on another City of Boulder board or committee? Yes No

If yes, please list _____

Please list other actual or perceived conflicts of interest, if any, you might have with respect to the work of the board or committee to which you are applying.

Qualifications and Interests

Diversity to reflect the community served is desirable for Human Services advisory boards and committees. Please tell us about your background. What qualifications, skill sets and relevant experiences would you bring to this appointment?

RETURN APPLICATION TO:

Linda Gelhaar, Administrative Specialist
Human Services, City of Boulder
909 Arapahoe Ave., Boulder, Colorado 80302

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Email: GelhaarL@bouldercolorado.gov