



COLORADO
Division of Criminal Justice
Department of Public Safety

FOR OFFICE USE ONLY
POSITION _____

APPLICATION FOR CRIME VICTIM SERVICES BOARD

Name (Last, First, Middle)		DOB	County		Cong. Dist.
Home Address			City	State	ZIP
Gender M F Not Listed _____		Race (Optional) African American Asian Caucasian Hispanic Native American Not Listed _____			
Present Employer/Occupation			Business Phone #		Home/Cell Phone #
Business Address				E-mail Address	

EDUCATION AND GENERAL QUALIFICATIONS

LEVEL	NAME OF SCHOOL	DID YOU GRADUATE?	MAJOR COURSE OF STUDY
College			
Graduate Studies -or- Trade/Business/Correspondence			
Memberships in Organizations or Boards you have served on (Indicate if Past or Present)			
Special Skills and Qualifications			

REFERENCES (List three persons, not related to you, who you have known for at least one year.)

NAME	ADDRESS	PHONE #

Is there anything in your background that might be an embarrassment to the Governor or you if it were to become public?

PLEASE ATTACH A CURRENT RESUME AND A LETTER OF INTEREST EXPLAINING WHY YOU WISH TO SERVE ON THE BOARD

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to obtain any and all pertinent information, personal and otherwise. I further authorize the Department of Public Safety to conduct a criminal background check, including requesting a criminal history from the Colorado Bureau of Investigation. I release all parties for all liability for any damage that may result from furnishing such information.

I understand that the Colorado Open Records Act may require that certain information contained in this application be available for inspection by the general public.

RETURN COMPLETED FORM TO:

Kelly Kissell
kelly.kissell@state.co.us
Division of Criminal Justice
700 Kipling Street, #1000
Denver, CO 80215

SIGNATURE _____

DATE _____