



# STATE OF COLORADO

DEPARTMENT of PUBLIC SAFETY  
 APPLICATION FOR CRIME VICTIM SERVICES BOARD  
**Please attach current resume**

FOR OFFICE USE ONLY

SLOT \_\_\_\_\_

BK \_\_\_\_\_

CRIME VICTIM SERVICES BOARD					
Name (Last, First, Middle)			County		Cong. Dist.
Home Address			City	State	Zip Code
Date of Birth	Driver's License #	Gender M F	Race (Optional) Hispanic	African American Native American	Asian Caucasian
Present Employer/Occupation			Business Phone # ( )	Home Phone # ( )	
Business Address				E-mail Address	

## EDUCATION AND GENERAL QUALIFICATIONS

LEVEL	NAME OF SCHOOL	LOCATION	No. Years Attended	Did You Graduate?	Major Course of Study
High School					
College					
Graduate Studies -or- Trade/Business/Correspondence					
Memberships in Organizations And Offices Held (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 #

<p>Is there anything in your background that might be an embarrassment to the Governor or you if it were to become public?</p> <p>YES NO (If YES, please explain in attachment to this application)</p>
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Please explain why you wish to serve on a board or commission. \_\_\_\_\_

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  
 Division of Criminal Justice  
 700 Kipling Street, #1000  
 Denver, CO 80215  
 Fax: (303) 239-5743

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_