

Downtown Residential Advisory Group Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Neighborhood	
Housing Type	<input type="checkbox"/> I own my home <input type="checkbox"/> I rent my home. My lease expires _____

Interest

Tell us why you are interested in serving on this group.

Your thoughts on Downtown

What is the biggest opportunity for Downtown Longmont? What is the biggest challenge? (use additional sheets as needed)

Opportunity:
Challenge:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities that will bring a collaborative approach to Downtown Issues.

Previous Volunteer Experience

Summarize your previous volunteer or committee experience.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.