



APPLICATION FOR HACOL BOARD MEMBER

Name: _____

Home Address _____ **Zip Code:** _____

Home Phone Number: _____ **Business Phone:** _____

Occupation: _____

Business Address: _____

Email address:

Length of residency in the Loveland:

Do you live within Loveland city limits: Yes No

Do you currently serve on a board/commission? Yes No

If yes, what board/commission?

What special skills or background do you bring to the Board of Directors?

What days of a typical month will you be unable to attend meetings?

Will you be able to serve a 5-year term if selected? Yes No

Are you involved in any activities, which might create a conflict of interest? Yes No
Please explain if you marked "Yes" above:

Why do you want to be a member of the HACOL Board of Directors?

Please list four personal references (not relatives) that can attest to your qualifications to serve:

Name	Address	Phone

Employment History (previous 10 years):

Employer Name & Address	Dates	Position

I hereby submit my application for the volunteer position on the Housing Authority of the City of Loveland. I understand that all the information contained herein may be verified, and I give permission for other inquiries as deemed appropriate for consideration of my application.

Signature

Date

THE CITY OF LOVELAND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR HANDICAPPED STATUS IN THE ADMISSION, ACCESS OR APPOINTMENT TO, OR TREATMENT OR EMPLOYMENT IN, ITS PROGRAMS OR ACTIVITIES.