

Application for Appointment to the Parks and Recreation Advisory Board

SUBMISS	SION DEADLINE	January 12, 2024at 4:30 p.m.	
APPLICANT INFORMATION			
Name			
Address			
City, State, ZIP			
Email Address			
Phone Number	CELL	BUSINESS	
Occupation			
Do you own a business in the	YES	IF YES, NAME OF THE BUSINESS	
City of Castle Pines?	NO		
PLEASE TYPE OR PRINT CLEARLY			
 Why are you interested in becoming (or being reappointed as) a member of the Castle Pines Parks and Recreation Advisory Board? What experience or training do you have that relates to the Parks and Recreation 			
2. what experience Advisory Board		nat relates to the Parks and Recreation	

3. What personal qualifications or skills do you have that will be of value of the Parks and Recreation A Pines should you serve as a member of the Parks and Recreation A			
4. What do you feel are the most important concerns or issues that related relation Advisory Board?	ate to the Parks and		
 Please list any experience with community groups and activities or n and boards. Lack of previous involvement will not necessarily disqu consideration. 			
CITY OF CASTLE PINES POLICIES			
City of Castle Pines employees may not serve on City advisory committees, except as specifically provided by City resolution or as required to perform official City duties.			
Information submitted on this application form shall be considered public information.			
Signature of Applicant			

For questions, please contact Tobi Duffey, City Clerk, at <u>Tobi@castlepinesco.gov</u>