**Chaffee Housing Authority**

**Board of Directors Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a full time Chaffee County Resident: ☐ Yes ☐ No

Are you at least 18 years of age: ☐ Yes ☐ No

Which jurisdiction in Chaffee County do you wish to represent:

☐ Buena Vista

☐ Unincorporated Chaffee County

☐ Salida

If appointments from your preferred jurisdiction are already identified, would you be willing to serve as an “At Large” Board member? ☐ Yes ☐ No

The following is a list of skill sets that will be beneficial to have on this inaugural board; please select all of the skill sets in the list that you feel you would contribute to this initiative:

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ | Strategic Planning; | ☐ | Early-stage organizational start-up; |
| ☐ | Real Estate and/or Development; | ☐ | Community Relations |
| ☐ | Fiscal Oversight and Organizational Management; | ☐ | Legal Expertise |
| ☐ | Marketing and Communications; | ☐ | Office Administration |
| ☐ | Other: | | |

Please use the space below to describe your interest in participating on the Chaffee Housing Authority’s Board of Directors:

Please use the space below to describe any experience you may have serving on a board of directors, in an elected or appointed position, or volunteering for your community:

Please provide at least one personal and one professional reference, including telephone number or email contact:

Might you have any potential conflicts of interest with Chaffee Housing Authority activities (this does not disqualify an applicant form consideration): ☐ Yes ☐ No

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed application to Becky Gray at bgray@chaffeecounty.org