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 repres	sent:
Buena Vista	
Unincorporated Chaffee County	
Salida	
If appointments from your preferred jurisdiction are alread	dy 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 he of the skill sets in the list that you feel you would contribute	
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

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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