



opening doors for tomorrow's workforce

**Member Asset Profile Form
 January 2011**

Mission Statement

"We help Youth with today's employment needs and Career Path development for the future"

Youth Council Member: _____

Your Organization/Agency/Constituency: _____

Phone Number: _____ **website/email:** _____

Youth Council Member Connection to Youth Development (describe your professional or personal role related to Youth Development)

CUSTOMERS:

WHO ARE THEY?

SPECIFIC ACTIVITIES/SERVICES:

WHAT ARE YOU PROVIDING TO YOUR CUSTOMERS?

ACTIVITY PARTNERS:

WHAT ORGANIZATIONS DO YOU TO WORK WITH AND WHAT ARE YOUR CONNECTIONS WITH YOUR PARTNERS?

YOUR OUTCOMES:

WHAT ARE THE PRIMARY ACHIEVEMENTS AND/OR RESULTS THAT YOU SEEK FOR YOUR CUSTOMERS?

**APPLICATION FOR CONSIDERATION
FOR APPOINTMENT TO
TRI-COUNTY YOUTH COUNCIL
January 2011**

Board/Commission applying for:	Appointment	Reappointment
TRI-COUNTY YOUTH COUNCIL		

Name: _____

Home address: _____

ZIP: _____

Home phone: _____ Work phone: _____

Occupation: _____

List memberships in organizations, offices held and volunteer activities. Indicate if past or present and the length of time served.

List three persons, not related to you, whom you have known for at least one year.

Name	Address	Daytime

State why you feel you are qualified to serve as a member of this board and/or commission and why you wish to be appointed/ reappointed.

I have been informed of the duties and functions of this board and/or commission, including the duties and obligations of persons serving as a member of this specific board and/or commission:

yes no

I do /do not have any personal or business interests in matters before the board for which I am applying. (If the applicant has interests, attach a separate sheet fully disclosing the details)

I have been informed of the meeting schedule for this position:

yes no

I do do not have any scheduling conflicts that would affect my ability to make the meetings. (If you do have conflicts, please explain. Use a separate sheet if necessary.)

Please attach a brief personal history and note any additional qualifications you wish to be considered.

I _____ do hereby certify that to the best of my knowledge and belief the information contained herein is true and correct, and that I have fully disclosed any personal or business interests in matters before the Board and/or Commission for which I am applying.

I understand that the Colorado Public Records Law may require that certain information contained on this application be accessible to the general public, except when specifically made confidential by statute.

Signature: _____ Date: _____

Return completed application form to
Peter Pike
phone: 303-315-1273
fax: 303-837-1208
email: Peter.pike@ucdenver.edu
601 East 18th Avenue, Suite 130
Denver, Colorado 80207