



REGIONAL LA
HOUSING PLATA
ALLIANCE COUNTY

**Regional Housing Alliance of La Plata County
Board of Directors Application**

Name: _____

(HOME)

(WORK)

Address: _____

Phone: _____

E-mail: _____

At which address do you prefer to receive mail: Home _____ Work _____

At which number do you prefer to receive calls: Home _____ Work _____

At which address do you prefer to receive e-mail: Home _____ Work _____

Current Occupation

Educational Experience

**Past or Present Work and/or Volunteer Experience Pertinent to the Regional Housing
Alliance Board of Directors Position**

Why are you interested in the Regional Housing Alliance Board of Directors Position?

What would you like to accomplish while serving on Regional Housing Alliance Board of Directors?

Would serving on this Board cause any conflict of interest with your current occupation?

Would you represent any specific segment of the community that has an interest in the activities of this Board or Commission?

Are you currently serving on any other local Board or Commission? If so, please list.

(Signature)

(Date)

Please return this application to the Regional Housing Alliance of La Plata County by email at info@swccog.org. Your application will be kept on file for one (1) year in case additional vacancies occur. If you have any questions or need additional information concerning this application, please call 970-759-4134.

Equal Opportunity Statement

The Regional Housing Alliance does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services.