



## Town of Green Mountain Falls

P.O. BOX 524

GREEN MOUNTAIN FALLS, CO 80819

(719) 684-9414

[greenmountainfalls.colorado.gov](http://greenmountainfalls.colorado.gov)

### Committee Volunteer Application

- Parks, Recreation & Trails Advisory Committee
- Fire Mitigation Advisory Committee
- Planning Commission

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

Address of Primary Residency: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Are you willing to serve as an alternate?

*Each committee can have up to three alternates, who may participate in discussion and, in the event of a member's absence, may vote on issues before the committee.*

**Planning Commission Requirements:** Green Mountain Falls Municipal Code, [Ordinance 2023-04](#) requires that Planning Commission Members hold their primary place of residency within Green Mountain Falls Town Limits.

Planning Commission Only

**Applicants for the Planning Commission must submit proof of residency along with this application. Proof of residency may be obtained on the [Colorado Secretary of State Website](#)**

Signature and Acknowledgement: \_\_\_\_\_

(to be signed before a Notary Public)

Notary Public: \_\_\_\_\_

All applicants please proceed to the next page.

Please describe your relationship to the community/Town of Green Mountain Falls. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Employer/Occupation: \_\_\_\_\_

Work Experiences that may apply: \_\_\_\_\_

\_\_\_\_\_

Other Volunteer Experiences that may apply: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any Special Qualifications that may apply to this volunteer position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Current Volunteer Positions you hold: \_\_\_\_\_

\_\_\_\_\_

Reasons for choosing this Volunteer Opportunity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Affidavit: By signing below, you acknowledge that the Town of Green Mountain Falls IS NOT liable for any harm and/or injury sustained while volunteering at any Town facilities or activities.***

***I swear and affirm that all information I have provided in this application is true to the best of my knowledge.***

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18)

***\*Please attach any other relevant information/documentation that would enhance your application.***