

City of Lakewood
Victim Assistance Compensation Board
Re-Appointment Application

Please complete this re-appointment application and return it to: City of Lakewood, City Clerk's Office, 480 S. Allison Parkway, Lakewood, CO 80226. Fax: 303-987-7088. For more information, please contact: Teri Colvin at (303) 987-7596. Email: tercol@lakewood.org

DATE: _____ **WARD:** _____

Number of Years Served on the Victim Assistance Compensation Board: _____

BACKGROUND INFORMATION

Name: _____ Home Phone: _____

Home Address: _____ Zip Code: _____

Email Address: _____ Cell Phone: _____

Preferred phone number for contacting you: _____

Occupation: _____

Employer: _____ How Long: _____

Business Address: _____ Work Phone: _____

Number of Years Lived in Metro Area: _____ in Lakewood: _____

CIVIC ACTIVITIES

Please list all civic/professional/sports organizations and activities which you have participated in since appointed to the Victim Assistance Compensation Board. (Attach additional sheet(s) if necessary)

Have you recently been appointed to a Board or Commission of any other governmental entity?
Yes _____ No _____

If yes, please list: _____

Please state briefly why you wish to be re-appointed to the Victim Assistance Compensation Board.

CONFLICT OF INTEREST

Conflict of interest is defined as the participation in any activity, recommended action, or decision from which the individual has or could have the potential to receive personal gain, whether it is direct or indirect.

- a) In accordance with this definition, do you have any legal or equitable interest in any business, however organized, which could be construed as a conflict of interest? If yes, please explain:

- b) In accordance with this definition, do you own any real property located in Lakewood or Jefferson County in which you have a legal or equitable interest which could be construed as a conflict of interest? If yes, please explain:

I hereby certify that the facts within the foregoing re-appointment application are true and correct to the best of my knowledge and that I am a resident of the City of Lakewood.

Applicant's Signature

Date

**THANK YOU FOR RE-APPLYING AND SHOWING
A CONTINUED INTEREST IN THE CITY OF LAKEWOOD!!**

You may serve a maximum of two consecutive terms on the Lakewood Victim Assistance Compensation Board, but you must reapply for a second term.

The City of Lakewood does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the provision of services. For disabled persons needing reasonable accommodation to attend or participate in a city service program, call 303-987-7050 or our TDD # 303-987-7057 as far in advance as possible.

Lakewood Municipal Code Chapter 2.01.020, restricting service on more than one board or commission simultaneously, states that in the event a person serving on one Board or Commission is appointed to serve on another Board or Commission, he/she will be required to resign from the Board or Commission upon which he is presently serving, unless the term which the person is presently serving expires in 90 days or less.

LAKWOOD VICTIM ASSISTANCE COMPENSATION BOARD

Authority:

Lakewood Municipal Code Section 1.17.060 (Ordinance O-92-33)

Number of Members:

Five. One member is an employee of the Lakewood Police Department, one is an employee of the Lakewood Municipal Court one is from a Victim Assistance program and two are residents of the City of Lakewood.

Term:

Three years. Terms expire on September 30th.

Duties:

The Victim Assistance Compensation Board provides compensation to victims through an established process of application and review. It also monitors the victim assistance fund and insures that funds are utilized in accordance with the ordinance.

Public Meeting:

Meetings are held on the third Thursday of the month, from 8:00 a.m. to 9 a.m. in the Police Department. The meetings generally last 1½ hours and require approximately one hour for preparation.

Staff Contact:

Jacqueline Granados, Major Crimes – 303-987-7288