

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. Email: [cco@lakewood.org](mailto:cco@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)

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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.

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**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:

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- 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:

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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.

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Applicant's Signature

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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  
INFORMATION SHEET**

**Authority:**

Lakewood Municipal Code Section 1.17.060  
Ordinance O-92-33  
Ordinance O-2003-31  
Ordinance O-2012-8

**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 Tuesday 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:**

Lindsey Bravdica, Victim Witness Assistance Supervisor, 303-987-7392  
Elizabeth Meurer, Victim Advocate, 303-987-7340