

Denver Boards and Commissions

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Application Form

BOARDS AND COMMISSIONS APPLICATION

Please complete the following information in full, attach a cover letter, current resume or biography and return to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for: Commission for People with Disabilities

Last Name: Drost First Name: Marjean

Occupation/Employer: Gerontologist

Work Address: _____ City: _____ Zip: _____

Work E-mail Address: _____

Work Phone: _____ Work/Home Fax: _____

Home Address: 7511 S. Ivanhoe ^{City:} Centennial / Zip: 80112

Home Phone: _____ Cell Phone/Pager: 303-319-1361

Home E-mail Address: MRnRockies@yahoo.com

Are you a registered voter? Yes No If so, what county? Arapahoe

Denver City Council District No.: _____ Ethnicity (Optional) W

Highest Level of Education or Degree Earned: MS Year Completed: 1996

Memberships/ Organizations/ Volunteer Activities (include past or present):

National Council on Aging, Lions Club of Denver, Friends for Families First, Denver Metro chamber of Commerce Leadership Denver, AWARE

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
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Doug Linkhart, 1437 Bannock St., # 451, Denver, 80202 (720) 865-8000
 Nancy Smith, 1575 Sherman, 4th Floor, Denver, 80203 (303) 866-4886
 Victor Villarreal, 17858 E. Powers Dr., Centennial, 80015 (303) 808-0655

Special Information:

Is there anything that would adversely affect public confidence in your appointment or service? Yes No
 If yes, please explain on a separate sheet of paper.

Mymint 3-14-11
 Signature Date

Return Completed Form to:

Suzan Moore, Director of Boards and Commissions
 City and County of Denver Building, Room 350
 Denver, CO 80202 Phone: (720) 865-9034 Fax: (720) 865-8787
suzan.moore@denvergov.org

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Please complete the following information in full,
attach a cover letter, current resume or biography and return to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for: Denver Commission for People with Disabilities

Last Name: Glatt First Name: Amy

Occupation/Employer: Coordinator, Office of Disability Services and Student Affairs, Jones International University

Work Address: 9697 E. Mineral Ave. City: Centennial Zip: 80112

Work E-mail Address: aglatt@international.edu

Work Phone: 303.784.8368 Work/Home Fax: 303.784.8667

Home Address: 586 S. Logan St. City: Denver Zip: 80209

Home Phone: N/A Cell Phone/ Pager: 630.347.5999

Home E-mail Address: amyjolene17@gmail.com

Are you a registered voter? Yes No If so, what county? Denver

Denver City Council District No.: District 7 Ethnicity (Optional) _____

Highest Level of Education or Degree Earned: Bachelor of Arts Year Completed: 2006

Memberships/ Organizations/ Volunteer Activities (include past or present):

I hold a professional membership with the Association on Higher Education and Disability (AHEAD) and a Network Membership with the Disability and Business Technical Assistance Center (DBTAC). I am also working towards an ADA Coordinator Certificate through the University of Missouri and Great Plains DBTAC Center.

I volunteer for Volunteers in Action as a Reader to the Blind and Senior Companion, the Rocky Mountain MS Center, and the Special Olympics Colorado. I also volunteer for Aurora Public Schools and teach elementary students basic American Sign Language (ASL).

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
Terence Brennan (Professional)	9697 E. Mineral Ave., Centennial, CO	303.784.8052
Dana O'Brien (Professional)	2285 S. Jackson St., Denver, CO	914.649.6369
Maddie Norton (Personal & Professional)	Denver, CO 80209	319.331.8001

Special Information:

Is there anything that would adversely affect public confidence in your appointment or service? Yes No



Signature

3/30/2011

Date

Return Completed Form to:

Suzan Moore, Director of Boards and Commissions

City and County of Denver Building, Room 350

Denver, CO 80202 Phone: (720) 865-9034 Fax: (720) 865-8787

Suzan.moore@denvergov.org

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Board or Commission you are applying for: persons with disabilities

Last Name: Hinton First Name: Chanda

Occupation/Employer: The Chanda Plan Foundation (CPF)

Work Address: 4224 E Ravenna St City: Denver Zip: 80211

Work E-mail Address: ch@iamthepfan.org

Work Phone: (303) 246 4290 Work/Home Fax: _____

same as above.

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone/ Pager: _____

Home E-mail Address: _____

Are you a registered voter? Yes No If so, what county? Denver

Denver City Council District No.: 9 Ethnicity (Optional) _____

Highest Level of Education or Degree Earned: Bachelors Year Completed: 2005

Memberships/ Organizations/ Volunteer Activities (include past or present):

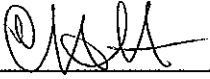
- Health committee for Denver Foundation
- Committee member for Fund for persons
- Executive Director of CPF w/ disabilities

References (List three persons, not related to you, whom you have known at least one year):

Name	Address	Phone Number
Virginia Carducci	Boulder, CO	(720) 849-5450
Barry Rosenberg	Golden, CO	(303) 550-8645
Nancy Todd	Aurora, CO	(303) 596-0392

Special Information:

Is there anything that would adversely affect public confidence in your appointment or service? Yes No
If yes, please explain on a separate sheet of paper.



 Signature 1/13/11 Date

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