



BOARDS AND COMMISSIONS APPLICATION
ADULT PROTECTION REVIEW TEAM

Your Name: _____ **Date:** _____

About the Committee: The Boulder County Adult Protection Review Team's purpose is to insure a broad range of community services and support to at-risk adults.

Application Instructions: Please print or type your responses to the following questions. Limit your response to no more than 250 words per question. Submit one copy of your responses and the general application form to: Commissioners Office, Attn: Cecilia Lacey, PO Box 471, Boulder CO 80306.

1. **Why are you interested in serving on this board?**

2. **What agency or organization are you employed by?**

3. **What are your qualifications to serve on this team?**

4. **Do you have any experience with at-risk adults or abuse of adults? If so, what?**

5. **What is your knowledge base of community resources for adults?**