

**City of Lakewood**  
**VICTIM ASSISTANCE COMPENSATION BOARD**  
Appointment Application

**NOTE TO APPLICANT:** Before completing this application for consideration by the City Council Screening Committee, please review the attached duties.

After completing this application, please return it to: City of Lakewood, City Clerk's Office, 480 S. Allison Parkway, Lakewood, CO 80226. Fax (303) 987-7088. Email: [ethwes@lakewood.org](mailto:ethwes@lakewood.org)

DATE: \_\_\_\_\_ Ward: \_\_\_\_\_

**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: \_\_\_\_\_

Are you currently a registered voter in Lakewood? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EDUCATION**

High School: \_\_\_\_\_ Location: \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_

Degree: \_\_\_\_\_

Other Education: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any training, experience, education or skill that would enhance your ability to serve on this Board/Commission? If yes, please explain. (If you wish, you may attach your resume.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CIVIC ACTIVITIES**

Please list all civic/professional/sports organizations and activities that you have participated in the last five years.

---

---

Do you presently serve on a City of Lakewood Board or Commission?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list and sign the attached form relating to serving on more than one Board/Commission.

---

---

Please state briefly why you are interested in serving on 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.

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:

---

---

I hereby certify that the facts within the foregoing 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 APPLYING AND SHOWING AN INTEREST IN  
THE CITY OF LAKEWOOD!!**

You may serve a maximum of two consecutive terms as member on the Lakewood Victim Assistance Compensation Board in accordance with City of Lakewood Municipal Code 2.16.030.

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.

If your term expires in 90 days or less, please note which Board/Commission you are presently serving on. Otherwise, you must sign this document.

If the Mayor/City Council appoint me to the \_\_\_\_\_ Board/Commission,

I will resign from my present position on the \_\_\_\_\_ Board/Commission.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

-----  
✂

**Race** \_\_\_\_\_ **(optional)\***

**Age** \_\_\_\_\_ **(optional)\***

**\*\* The City of Lakewood requests certain demographic information solely for statistical purposes. Responses to these questions are strictly voluntary. The demographic information will be removed from the application before the application is distributed to the screening committee and will not be considered by the individuals who make recommendations or decisions on membership of any boards and commissions.**

## **VICTIM ASSISTANCE COMPENSATION BOARD**

### **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.

## **LAKWOOD VICTIM ASSISTANCE COMPENSATION BOARD**

**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 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:**

Lindsey Bravdica, Victim Advocate – 303-987-7392