PIKES PEAK ELDER JUSTICE CENTER BOARD APPLICATION

**DATE:**

**NAME:**

**ADDRESS:**

**PHONE:**

**E-MAIL:**

**EDUCATION:**

1. **How did you become aware of the Pikes Peak Elder Justice Center, and why are you interested in Board service?**
2. **Please give a brief employment history, including any military service:**
3. **Please share your experience serving older adults. What do you see as one of the critical needs to meet for older adults:**

**Critical Need (one of them):** ­­

1. **Please list Board experience, including any leadership positions:**
2. **Please list any current affiliations and/or memberships:**
3. **Please use this space to tell us anything else that you’d like us to know about you; special interests, unique skill sets, relevant experiences, etc.:**

Thank you very much for your interest in the Pikes Peak Elder Justice Center!

Upon completion, please return this form to:

Mayling Rodriguez

10 E. Monument

Colorado Springs, CO 80903

c/o Pikes Peak Elder Justice Center

RodriguezM@ppejc.org

If you have any questions, please call:

Charles (Chuck) Szatkowski 719-964-3154

chucks05gt@gmail.com