



PIKES PEAK ELDER JUSTICE CENTER BOARD APPLICATION

You may complete this form electronically or as a handwritten document.

NAME: _____ DATE: _____

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):



4. Please list Board experience, including any leadership positions:

5. Please list any current affiliations and/or memberships:

6. 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:
PPEJC, Executive Director
10 E. Monument
Colorado Springs, CO 80903
c/o Pikes Peak Elder Justice Center

or email it to ED@PPEJC.org

If you have any questions, please contact the Board Chair at:
Chair@PPEJC.org