



Self Nomination Form

As a voting member of WR2020, I _____ submit this Self Nomination Form for consideration for myself as a nominee for the 2008:

- Voting Membership** **Nominations Committee** **Board of Directors**
(please check mark the corresponding box)

As a perspective nominee, I have filled out the attached nomination and membership application.

_____, Voting Member WR2020
Signature

Detach here



Nomination Form

As a voting member of WR2020, I _____ submit this Voting Member Nomination Form for consideration of _____ as a nominee for the 2008:

- Voting Membership** **Nominations Committee** **Board of Directors**
(please check mark the corresponding box)

In consideration of this Nomination, I have contacted the nominee and asked the nominee to fill out the attached Nomination and Membership application .

_____, Voting Member WR2020
Signature

Detach here



Nomination Form

As a voting member of WR2020, I _____ submit this Voting Member Nomination Form for consideration of _____ as a nominee for the 2008:

- Voting Membership** **Nominations Committee** **Board of Directors**
(please check mark the corresponding box)

In consideration of this Nomination, I have contacted the nominee and asked the nominee to fill out the attached Nomination and Membership application .

_____, Voting Member WR2020
Signature



Nomination & Membership Application

Wheat Ridge 2020, Inc. (WR2020), the Non-Profit Community and Economic Development Corporation of Wheat Ridge, was established in December of 2005 to assist the City of Wheat Ridge in implementation of the strategies identified in the Neighborhood Revitalization Strategy Report (NRS). The NRS provides strategies that are aimed to promote sustainable commercial, retail, and residential development and redevelopment within the City of Wheat Ridge. Membership in WR2020 is a commitment to assist and work towards the goals of the NRS.

It is requested that the proposed Nominees or current members who have self nominated fill out the contact information and provide information regarding their interests and ability to serve as a member of WR2020.

Contact Information

Please fill out all information fields below

Nominee Name	
Home Street Address	
Home City ST ZIP Code	
Home Phone	
Cell Phone	
Occupation, Company (if applicable)	
Work Street Address	
Work City ST ZIP Code	
Work Phone	
Preferred Point of Contact	Home _____ Work _____
E-mail Address (Preferred)	
E-mail Address (Alternate)	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests / Associations/ Affiliations

Tell us in which areas you are interested in volunteering, and your community position & organizational affiliations.

Volunteer Interests	Community Position	Organization Affiliation
<input type="checkbox"/> Administration	<input type="checkbox"/> I am a Resident or Property Owner	
<input type="checkbox"/> Events	<input type="checkbox"/> I am a Wheat Ridge Business Owner	
<input type="checkbox"/> Advocacy	<input type="checkbox"/> I am employed in Wheat Ridge	
<input type="checkbox"/> Fundraising	<input type="checkbox"/> I am a representative of a regional employer or institution	
<input type="checkbox"/> Neighborhood Initiatives Committee	<input type="checkbox"/> I am a representative of a local civic group	
<input type="checkbox"/> Finance Committee	<input type="checkbox"/> I am a representative of a local educational organization	
<input type="checkbox"/> Public Relations Committee	<input type="checkbox"/> I am a representative of a local or regional foundation	
<input type="checkbox"/> Planning Committee	<input type="checkbox"/> I am a member of a local or regional Non-Profit Group	

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, that relate to the organizational mission of Wheat Ridge 2020 as the Community and Economic Development Organization of Wheat Ridge, and will assist in promotion of implementation of the Neighborhood Revitalization Strategy.

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

WR2020 Members shall adhere to the purpose and policies as adopted by the organization to maintain membership in good standing.

Members shall support the Purpose of the Organization as defined herein:

The purpose of the Corporation includes but is not limited to the development of specific implementation strategies to position the City of Wheat Ridge in the Jefferson County market to retain and attract supportive neighbors and attract a larger market share of strong households by:

- Developing, sponsoring and supporting collaborative actions to increase investment in the homes and business in the community.
- Sponsoring projects and events to encourage greater community pride and local leadership;
- Promoting a positive image for Wheat Ridge;
- Encouraging continued maintenance of businesses, homes, and farms; and
- Developing and implementing methods to encourage stability and promote neighborhood reinvestment.

Agreement and Signature

By submitting this Nomination & Membership Application, I affirm that if I am approved as Voting Member of Wheat Ridge 2020, that I will support the goals and purpose of the organization, the Neighborhood Revitalization Strategy. I further affirm that facts set forth in this application are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application, and failure to comply with the purpose of membership, or organizational policy, may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this form and for your interest in volunteering with WR2020

Please turn in application by September 14

Drop off to the WR2020 office at
4350 Wadsworth Blvd, Ste 420

Or return by mail to
WR2020

PO Box 1268
Wheat Ridge CO 80034-1268
Or fax to 303-940-9332

www.WheatRidge2020.org

