
Colorado Office of Public Guardianship

Director, Sophia M. Alvarez

Commissioners

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Marco Chayet
Alison Zinn
Stephanie Garcia



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Stakeholder Advisory Panel Application Short Form

1. Candidate Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Preferred Method of Contact: Home Phone Work Phone Email

Gender identity/expression: _____ Prefer not to answer

Please describe yourself. Select all boxes that apply.:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latino, or Spanish origin
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Other race, ethnicity, or origin
- Decline to answer

Military Status. Check any that apply.:

- Active Military
- Active Reserve
- Veteran
- Not applicable
- Decline to answer

2. Why are you interested in serving as a member of the OPG Stakeholder Advisory Panel?

3. The OPG Stakeholder Advisory Panel may meet quarterly during the lunchtime or evening. The meeting generally lasts about one (1) hour. Do you have any standing commitments that create a scheduling conflict for you? Yes _____ No _____
Are there better days or times of day that work for you? Yes _____ No _____
Are you able to commit to quarterly meetings, at a minimum? Yes _____ No _____
Will you need transportation to attend meetings? Yes _____ No _____
Will you need access to attend meetings virtually? Yes _____ No _____

4. Is there anything that you'd like to share about your life or experiences that will help the OPG Stakeholder Advisory Panel?