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# Colorado Office of Public Guardianship

**Director,** Sophia M. Alvarez

**Commissioners**

Deb Bennett-Woods, Chair  
Stephanie Garcia, Vice-Chair  
Kelsey Lesco  
Spencer Crona  
Patrick Thiessen



3900 East Mexico Avenue  
Suite 300  
Denver, CO 80210  
(720) 552-5215  
Info@Colorado-OPG.org

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## Stakeholder Advisory Panel Application 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. Current position & employer: \_\_\_\_\_

**\*Please attach a current resume\***

**\*Please feel free to attach additional pages to provide all information\***

3. Please describe the area(s) of strengths/expertise/contributions you feel you can make to further the mission of OPG:

4. Please list your prior experience serving as a Board or Advisory member for other related organizations:

5. What other volunteer commitments do you currently have?

6. The OPG Stakeholder Advisory Panel may meet monthly during the lunchtime or evening. The meeting generally lasts about on (1) hour. Do you have any standing commitments that create a scheduling conflict for you? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Why are you interested in serving as a member of the OPG Stakeholder Advisory Panel?

8. Please share any other information you feel important for consideration of your application to serve as a member of the OPG Stakeholder Advisory Panel.

9. Which of the following Stakeholder Groups do you identify? *[Check all that apply]*

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Government Official                        | <input type="checkbox"/> University |
| <input type="checkbox"/> Health and Medical Care Provider           | <input type="checkbox"/> Attorney   |
| <input type="checkbox"/> Direct Service Provider                    | <input type="checkbox"/> Guardian   |
| <input type="checkbox"/> Advocacy Agency                            | <input type="checkbox"/> Fiduciary  |
| <input type="checkbox"/> Potential Client/Vulnerable Group/Advocate |                                     |

**PLEASE RETURN FORM TO CO OPG:**

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- Fax: 720.552.5215

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