



**STATE OF COLORADO BOARD OF HEALTH**  
**APPLICATION FOR THE CANCER, CARDIOVASCULAR DISEASE AND**  
**PULMONARY DISEASE COMPETITIVE GRANTS PROGRAM REVIEW COMMITTEE**

*Please attach a current resumé*

**POSITION FOR WHICH YOU ARE APPLYING OR COULD REPRESENT (Please check all that apply)**

- A chronic pulmonary disease professional
- A cardiovascular disease professional
- A cancer professional
- A public health professional
- A recognized expert in health disparities
- A primary care provider
- Representative of rural interests in regard to the prevention, early detection, and treatment of cancer, cardiovascular disease, and chronic pulmonary disease

Name (Last, First, Middle)			Home Phone Number (including area code)	
Home Address		City	State	Zip Code
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity (Optional) <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian		
Present Employer		Present Occupation/Title		
Business Phone Number (including area code)		E-mail Address		
Business Address		City	State	Zip Code

**EDUCATION AND GENERAL QUALIFICATIONS (Please fill out using highlights from your resumé)**

LEVEL	NAME OF SCHOOL	LOCATION	No. Years Attended	Did You Graduate?	Major Course(s) of Study
High School					
College					
Trade/Business/Correspondence					
Memberships in Organizations and Offices Held  (Indicate if Past or Present)					
Volunteer Activities  (Indicate if Past or Present)					
Special Skills and Qualifications					

**(Continued)**

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**REFERENCES** (List three persons, not related to you, whom you have known for at least one year.)

NAME	ADDRESS	PHONE NO.

Is there anything in your background that might be an embarrassment to the Board or you if it were to become public?

YES       NO      (If YES, please explain in an attachment to this application)

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to obtain any and all pertinent information, personal or otherwise. I release all parties for all liability for any damage that may result from furnishing such information.

I understand that the Colorado Open Records Act may require that certain information contained in this application be available for inspection by the general public.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**RETURN COMPLETED FORM AND RESUME TO:**

Rochelle Manchego, Committee Coordinator  
Colorado Department of Public Health and Environment  
PSD-HLCDP-A5  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530  
Phone: 303-692-2698  
FAX: 303-758-3448  
[rochelle.manchego@state.co.us](mailto:rochelle.manchego@state.co.us)

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