



## Support Team Assisted Response (STAR) Program Community Advisory Committee Application

**Application Deadline:**  
**Monday, July 12, 2021 at 5:00 p.m.**

*\*Indicates required field*

### Application Details

First Name\*

Middle Name

Last Name\*

Denver City Council District\*

[Click here for map.](#)

### Contact Details

Primary Phone

Other Phone

Primary E-mail\*

Other E-mail

Age\*

Race/Ethnicity\*

If Other, please describe

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Gender\*

If Other, please describe

**References (List three persons, not related to you, whom you have known for at least one year. These are individuals who know you well and would support your application.)**

**Reference Number 1**

Name

Phone

Email

**Reference Number 2**

Name

Phone

Email

**Reference Number 3**

Name

Phone

Email

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**DENVER**  
PUBLIC HEALTH &  
ENVIRONMENT



**Special Information\***

Please describe why you are interested in serving on the STAR Advisory Committee.

Are you able to commit to attending monthly STAR Advisory Committee meetings?\*

If no, please explain.\*

Please save this form and email it to: [staradvisoryapplication@denvergov.org](mailto:staradvisoryapplication@denvergov.org)

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