



Colorado Bar Association Leadership Application

Thank you for your interest in Colorado Bar Association (CBA) leadership.

Please use this form to provide useful information about yourself
and the reasons for your interest in CBA leadership.
You may attach additional pages if required.

Position Sought: _____

We look forward to learning more about you and your interest in the CBA.

Name: _____

Pronouns: _____

Telephone number: _____

Email address: _____

Colorado Supreme Court Registration Number (if applicable): _____

Are you a member of the Colorado Bar Association? yes no

Please describe your interest in this CBA Leadership position.
(please limit your response to no more than 500 words)

Which skills would you like to utilize in CBA leadership? (mark all that apply)

- Management and governance
- Strategic planning
- Financial management
- Leadership
- Training
- Community networking
- Program development

What additional skills or expertise will you utilize in this position?

Please list any bar associations or other organizations to which you belong along with your role(s) within the organizations.

What would you like to accomplish while serving in this position?
(please limit your response to no more than 500 words)

If you are selected, are you able to commit the time needed to fulfill the requirements of this position?

If you are not selected for the specific position for which you have applied, are you interested in being considered for other leadership positions within the CBA?

Additional Information:

Optional Demographic Information:

Area(s) of Practice: _____

Race, Ethnicity, or Origin (choose all 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 _____

Identity/Expression:

- Female
- Male
- Non-Binary
- Transgender/Gender Nonconforming
- Other _____

Sexual Orientation:

- Bisexual
- Gay
- Heterosexual
- Lesbian
- Other _____

Disability (a physical or mental impairment that substantially limits one or more major life activities):

- yes
- no

Do any of these apply to you? (voluntary – may leave blank)

- Active Military
- Active Reserve
- Veteran
- Not applicable

Required References:

Please list at least one but no more than three persons with knowledge of your attributes as a leader by full name, address, phone number and/or email address.

- 1. _____
- 2. _____
- 3. _____

We encourage you to contact your references prior to submitting your application in the event they are contacted.

By submitting this application, you agree that, if selected, you can commit the time needed to fulfill the role for which you have applied, and that you can serve the full term. You also agree that you do not have any conflict of interest in participating in CBA leadership.

Your signature: _____

Date: _____