



## BENTONVILLE COMMUNITY COUNCIL APPLICATION

Name:(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Phone:(Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Emergency) \_\_\_\_\_

Date of Birth: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Preferred method of communication: (Please circle one) phone call text message e-mail

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Email address: \_\_\_\_\_

Why do you wish to participate in the Community Council?

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I will be available to attend meetings the 4<sup>th</sup> Friday of the month from 11:00 a.m. – 1:00 p.m. Attendance is required to earn certificate at the end of the program. Program is scheduled to end on December 31, 2021.

Give the name, address, and phone number of two character references:

1. \_\_\_\_\_

2. \_\_\_\_\_

Applicants are required to be at least 18 years of age and a simple background check will be completed prior to the program beginning. Please return this application to Karilea Magee, Assistant to Mayor Orman at [mayor\\_assistant@bentonvillear.com](mailto:mayor_assistant@bentonvillear.com), no later than Friday, November 6, 2020, or mail to the following address:

Mayor's Office  
117 W. Central Ave.  
Bentonville, AR 72712

Any questions, please call 479-271-5966.