CITY OF LITTLE ROCK
BOARDS & COMMISSIONS QUESTIONNAIRE

NAME _____
(FIRST) **(LAST)**

STREET ADDRESS _____

TELEPHONE NUMBER(S) _____

Please answer the following questions as completely as possible. For the purpose of making recommendations and appointments, this information will be made available to the City Board of Directors and the Chair of the respective Board or Commissions to which you are applying.

Complete **questionnaire** and self-identification form and send to:
City Clerk, City Hall, Room 200, 500 West Markham, Little Rock, AR 72201
Remember to include your **résumé** as well as a **letter** addressed to the Mayor and Board of Directors expressing a desire to be considered. Résumés should be limited to (2) pages and include a verifiable home address and telephone number.

Name of Board or Commission which you are applying:

1. **Outline the purpose or mission of the Board or Commission for which you are applying.**

2. **Why are you interested in serving on this Board or Commission?**

3. **What are your qualifications for serving on this Board or Commission?**

4. **Do you have an idea of the time commitment it will take to serve on this Board or Commission? If so, are you willing to make the full time commitment?**

Signature: _____ **Date:** _____ **Ward:** _____