



BENTONVILLE COMMUNITY COUNCIL APPLICATION

Name:(Last) _____ (First) _____ (MI) _____

Address: _____ City: _____ State: ___ Zip: _____

Phone:(Work) _____ (Home) _____ (Emergency) _____

Date of Birth: (MM/DD/YYYY) ____/____/____

Occupation: _____ Place of Employment: _____

Email address: _____

Why do you wish to participate in the Community Council?

I will be available to attend meetings the 3rd 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, 2023.

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 or mail to the following address:

Mayor's Office
305 SW A Street
Bentonville, AR 72712

Any questions, please call 479-271-5966.