



## Department of Civil Rights

Lucia Nunez, Director  
Ariel Hicklin Ford, Division Manager

**Equal Opportunities Division**  
210 Martin Luther King, Jr. Boulevard, Room 523  
Madison, Wisconsin 53703  
PH 608 266 4910  
FAX 608 266 6514  
TTY/Textnet 866 704 2314  
www.cityofmadison.com

### EOC Committee Membership Application

Individuals interested in becoming a member of a Committee of the Madison Equal Opportunities Commission (MEOC) are required to complete this application, attach their resume and submit the form to the Commission for its consideration.

Rule 1.5 of the Commission requires that committee membership "be representative of advocacy groups, residents, protected classes as contained in the [Equal Opportunities] Ordinance, private sector representatives and social service agencies may have concern with the subject matter of the committee, and shall be committed to the principle of equal opportunities."

Section 3.27 of the Madison General Ordinance requires that EOC Employment Subcommittee members be a city residents or a representative of a company located within the City of Madison.

This application has been formulated to assure diversity on the MEOC committees as well as to determine that applicants meet eligibility requirements.

Please fill in the application and forward it to:

Annie Weatherby-Flowers, Education/Outreach Coordinator  
Madison Equal Opportunities Division  
210 Martin Luther King, Jr. Blvd., Room 523  
Madison, WI 53703

Date \_\_\_\_\_ Madison Ald. Dist. \_\_\_\_\_ Ward \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Office Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_ Email Address \_\_\_\_\_



6. Please list any other activities or organizations in which you are involved that you believe are relevant to this appointment.

7. Equal Opportunity/Affirmative Action Data

In order to assure representation of all protected classes on MEOC committees, please indicate the protected classes of which you are a member:

RACE (Please specify)

- African American
- Asian
- Hispanic
- White
- Other \_\_\_\_\_

SEX (Please specify)

- Female
- Male

AGE

- 18-54
- 55+

- Handicap (Please specify nature of disability: \_\_\_\_\_)
- Arrest or conviction record
- Less than Honorable Discharge from the Military
- Marital Status (Please specify)
  - Single
  - Married
  - Divorced
  - Widowed

- National origin or ancestry \_\_\_\_\_
- Physical appearance \_\_\_\_\_
- Religion \_\_\_\_\_
- Political Beliefs \_\_\_\_\_
- Sexual Orientation
- Source of Income
- Student

8. If you are not actually a member of a protected class, but feel that you can represent that group because of your employment or community activities, please provide specifics.

9. If you are disabled and require an accommodation to allow your full participation on the Committee, please describe the accommodation needed.

10. Please list any additional City committees you might be interested in serving on:  
(List no more than three - please be specific) *Committee Code (Office Use Only)*

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11. Current Committee Service (Please list any **City of Madison** boards, committees or commissions on which you are currently serving - include ad hoc or subcommittee activities.):

*Committee Code-Position (Office Use Only)*

*Term Expires:* \_\_\_\_\_

*Term Expires:* \_\_\_\_\_

*Term Expires:* \_\_\_\_\_

Are you a City of Madison resident?

Yes

No

Are you a registered voter?

Yes

No

Do you hold an elective or appointed public position or office?

Yes

No

If yes, what position or office? \_\_\_\_\_

Signature of Applicant \_\_\_\_\_