



**LA PORTE**  
I N D I A N A

## APPLICATION FOR THE CITY OF LA PORTE DIVERSITY AND INCLUSION COMMITTEE

NOTE: You must be a City of La Porte resident to be appointed.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_ Race (optional): \_\_\_\_\_

Availability (check all that apply): \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_ Weekend

State why you think you would be a good candidate for the Committee:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any qualifications or previous experience you have had addressing challenges specific to diversity and inclusion:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed form to the Mayor's Office, City Hall, 801 Michigan Avenue, La Porte, IN 46350 via mail or the drive thru; or email to: [aloeffler@cityoflaportein.gov](mailto:aloeffler@cityoflaportein.gov)