

THE ADVOCATE

Equal Opportunity and Diversity Inclusion Advisory Committee (EODIAC) Membership Application

Note: An EODIAC member serves a renewable two-year term. Attendance at monthly meetings (second Friday of each month) is mandatory. Occasionally, an additional meeting may be required.

Instructions: Please print or type the information requested below. Mail to the Office of Equal Opportunity and Diversity Programs, Suite 1412 Grand Tower, Lansing, MI 48909.

1. _____ 2. _____
Name Work Phone Number
3. _____ 4. _____
Work Location/Address County
5. _____ 6. _____
Name of Immediate Supervisor Telephone Number
7. _____ 8. Previously Applied Yes No

Current Work Classification and Level

9. Please explain what Equal Opportunity means to you.
10. Please explain why you would like to be a member of the EODIAC.
11. Have you had any experience working with protected group members - women, persons with disabilities or people of color? Please explain
12. Please indicate which of the following subcommittees interest you and what attributes or skills you could bring to it:
Equal Opportunity: Identifies and makes recommendations to overcome barriers to employment flexibility as it pertains to equal opportunity. Skills/Attributes:

Diversity: Identifies and makes recommendations to overcome barriers to employment flexibility as it pertains to diversity. Skills/Attributes:

13. Based on your workload, would there be any difficulty in you attending a meeting once a month? Yes
 No

Signature: _____ Date: _____