

Candidate Declaration Form
Arkansas Destination ImagiNation, Inc.

ARDI Advisory Council

ARDI Board of Director Seat

*Please indicate which position you are seeking. You may choose either or both.
Complete this form on screen and save the document to your computer.*

_____ First Name		_____ Middle Name			_____ Last Name	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Date of Birth (mm-dd-yyyy)
Male	Female	Married	Single	Divorced	Other	
_____ Current Address (Street)			_____ City		_____ State & Zip	
_____ Home Phone		_____ Cell Phone		_____ Work Phone		_____ Email Address (best contact)

Your Work History up to current Employment Status - Please include firm name and what you did or do there
(Form field is not limited. You may enter as much information as needed. DO NOT click "Enter or Return button".)

Your Educational and Experience Backgrounds - Your experience will often differ to your education
(Form field is not limited. You may enter as much information as needed. DO NOT click "Enter or Return button".)

Your Destination ImagiNation, other non-profit and Community or National Organization Experience
(Form field is not limited. You may enter as much information as needed. DO NOT click "Enter or Return button".)

Check this block if you have ever had a felony arrest or conviction?

By checking this block, you agree to any background check deemed necessary by ARDI

If I am elected or chosen to serve ARDI, I promise to abide by the ARDI Code of Conduct and to Aggressively Support the Program Goals and Initiatives. I further affirm that I will continually self evaluate my performance in the execution of duties of my position.

Date (mm-dd-yyyy)

Your Declaration Signature indicating that all the above statements are true. For electronic processing, your typed name is considered to be your binding signature.

To complete your declaration: download and save the form to your computer, complete the form on screen and re-save.

To submit your completed form electronically: attach the form and email to, Christine Symons, at arkansas.di.info@gmail.com