



Minnesota News Council

Hearing Board Membership Application

| | |
|--------------|--|
| Name | |
| Home Address | |
| | |
| Home Phone | |
| Work Address | |
| | |
| Position | |
| Work Phone | |
| E-mail | |
| Cell Phone | |

In order to broaden and deepen ethical discussion at hearings, the News Council seeks diversity in its membership. Please check all categories that apply to you.

| | |
|--|---|
| <input type="checkbox"/> Twin Cities | <input type="checkbox"/> African American |
| <input type="checkbox"/> Large Town | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Rural Area | <input type="checkbox"/> Caucasian |
| | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Male | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Female | <input type="checkbox"/> Other |
| <input type="checkbox"/> Youth | |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Disabled (If you check this category, please let us know how we can accomodate you.) |
| <input type="checkbox"/> Public Member | |
| <input type="checkbox"/> Media Member (If you have had news media experience in the past seven years, you would be considered a media member.) | |

Why would you like to become a member of the Minnesota News Council hearing panel?

What do you believe is or should be the goal of the Minnesota News Council?

What strengths/perspectives would you bring to the Minnesota News Council?

What news outlets do you read, watch or listen to regularly?

Please outline your volunteer experience:

**Please send or fax this application, along with a brief resume or CV to:
Minnesota News Council | 12 South Sixth Street, Suite 927 | Minneapolis, MN 55402 | (F) 612-341-9358**