

LANSDOWNE PUBLIC LIBRARY

BOARD OF TRUSTEES APPLICATION FORM

| NAME: | |
|--|----|
| HOME ADDRESS: | |
| | |
| PHONE: | |
| EMAIL: | |
| OCCUPATION/PROFESSION: | |
| BUSINESS NAME/ADDRESS: | |
| I have been a Lansdowne resident since: | |
| List your knowledge, education, or skills that would assist the work of this Board | 1? |
| | |
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| | |
| Why are you interested in being appointed to the Board? | |
| | |
| | _ |
| | _ |

| NAME | ADDRESS | PHONE NO. | |
|----------------|--------------------------------|--|--------|
| The following | 2 individuals are qualified to | o comment on my capabilities: | |
| | | - | |
| | | | |
| | | | |
| Is there anyth | ing else you want us to know | | |
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| | | | |
| | | | |
| | | rary over the last two years, including how often you haverials, attending programs, online access, etc. | e used |
| Will you be al | ble to attend monthly meeti | ings on the 3 rd Tuesday of each month? | |
| | | - | |
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Please note that there is no compensation associated with the position of Trustee.