

APPLICATION FOR ALTERNATE LIBRARY BOARD TRUSTEE

Name:		
Address:		
Phone:	Email:	
1) Why do you want to serve as an Alternate?	?	
2) Please tell us about any of your current or [school groups, service clubs, other boards, o	previous volunteer experience or similar accomplish or commissions]:	ments
3) Please describe any qualifications [work ex feel would provide positive input to the work	sperience, education, attributes, and skills/training] to of the library board.	hat you
4) What do you see as the library's role in the	e community?	



5) What do you feel are the responsibilities and goals of a board trustee?			
By submitting this application, I affirm that the facts set forth in it are true and complete. I attest that I			
am a resident of New Boston. I understand that Altern	ates are not voting members of the Board.		
Signature	 Date		
· C			
Printed Name			
Tilled Name			
Please return the completed application to trusteechairwfl@gmail.com or the Library.			
Thank you for completing this application form and for your interest in becoming an Alternate Trustee			