BOARD OF TRUSTEES APPLICATION FOR NOMINATION

PERSONAL DATA (PLEASE PRINT)



Instructions: Please type or print your answers in ink. Where a questions does not apply, answer "none" or "N/A". Please attach a copy of your resume, if available. Return to: *Wicomico Public Library*, 122 South Division St, Salisbury, MD 21801. Attn: Seth Hershberger, via e-mail: board@wicomico.org. If you have questions, you may call Seth at: 410 -749.3612 ext. 113.

NAME		
HOME PHONE	CELL PHONE	EMAIL ADDRESS
PRESENT HOME ADDRESS-STRI	EET, CITY, STATE, ZIP CODE	
PREVIOUS HOME ADDRESS STR	FET CITY STATE 7IP CODE (If at current address 1	less than 5 years, please list all additional addresses below.)
REVIOUS HOME ADDRESS-STR	EEE, CITT, STATE, EIT CODE (II at current address I	less than 5 years, prease list an additional addresses below.)
ARE YOU A RESIDENT OF WICO	MICO COUNTY? IF SO, HOW LONG HAVE YOU F	RESIDED IN THE COUNTY?
ARE THRE ANY TIME RESTRICT PLEASE EXPLAIN.	TIONS THAT WOULD LIMIT YOUR ABILITY TO A	ATTEND MEETINGS AND LIBRARY FUNCTIONS? IF SO,
SSOCIATIONS/EXPERIA WHAT IS YOUR PROFESSION AN		
NAME GROUPS OR ORGANIZAT	IONS WHICH YOU HAVE BEEN OR ARE CURREN	NTLY ASSOCIATED WITHIN WICOMICO COUNTY:
LIST ACTIVITIES OR FUNCTION	S YOU HAVE PARTICIPATED IN CONCERNING V	WICOMICO PUBLIC LIBRARY:

AREAS OF INTEREST Please indicate those areas in which your knowledge would be of benefit to the Library Board. ☐ GOVERNMENTAL RELATIONS ☐ BUSINESS ADMINISTRATION ☐ FINANCIAL MANAGEMENT ☐ ECONOMIC DEVELOPMENT ☐ PUBLIC RELATIONS ☐ FUNDRAISING ☐ MANAGEMENT & SUPERVISION ☐ OTHER (Please Describe) ADDITIONAL INFORMATION WHAT DO YOU SEE AS THE PUBLIC LIBRARY'S ROLE IN THE FUTURE? WHAT DO YOU FEEL ARE THE RESPONSIBILITES OF A BOARD MEMBER TO THE LIBRARY? ADDITIONAL INFORMATION YOU THINK WOULD BE APPROPRIATE FOR OUR CONSIDERATION:

APPLICANTS CERTIFICATION

I hereby guarantee the correctness and truthfulne	ss of the information shown on this application.
Signature of Applicant	 Date