

Lakeside Library Trustee Application

To: Those interested in the Position of Library Trustee

This application will assist the appointing officials of your community in selecting persons to serve on the Library Board. We appreciate your interest in serving your community and local library.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Do you know _____ that a term is four (4) years?

_____ that the Board meets every third (3rd) Wednesday of each month?

_____ that meetings begin at 11:00 a.m.?

_____ that the Board is an advisory and advocacy Board?

_____ that the Library's governing body is the City Council?

_____ that there is a Library Commissioner on the City Council?

_____ that you will be asked to review the Trustee's Handbook prior to being appointed to the Library Board?

Please list any information that may assist the Board, Librarian and City Council in their decision; past Boards, Clubs, Foundations, etceteras. Also, please write a brief description of why you would like to become a member of Lakeside's Library Board.