NYACK
LIBRARY

Application for Nyack Library's Board of Trustees

Name: _____

Address: _____

E-mail address: _____

Preferred phone : _____

Are you a member (cardholder) of Nyack Library?_____ If yes, since when? _____

LIBRARY CONNECTION:

If more space is needed for any questions, please attach a page noting the question number or letter. Information in this section may be made public.

A. Why are you interested in joining the Board of Trustees of Nyack Library?

B. How might Nyack Library benefit from your service as a Trustee?

C. Have you ever been involved in library services, a library board, or a library "Friends" group here or elsewhere? If yes, please describe.

D. Have you any specific ideas about the policies, services, or operations of Nyack Library, or any suggestions for improvement?

BACKGROUND:

1. Education:

2. Employment within the last ten years:

3. Volunteer Activities:

REFERENCES.

Please list three residents of the Nyack area who can confirm your qualifications:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Your application will be considered by the Board's Nominating Committee, who will contact you to schedule an interview.

Thank you for your interest!

12.2.2024