



59 SOUTH BROADWAY NYACK, NY
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Application to the Nominating Committee for Nyack Library's Board of Trustees

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

LIBRARY CONNECTION:

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

2. Are other family members users of the Nyack Library? _____

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

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

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

D. How do you feel that the Nyack Library might benefit from your service as a Trustee?

BACKGROUND:

3. Education:

4. Employment:

5. 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. To send, please select file, then save. You may then attach it to an email.

Thank you for your interest!