The Mary L. Cook Public Library Board of Trustees Policy Trustee Application

Last Name		First		Middle	
Address					
City	State	Zip Code	Ho	ome Phone	
Occupation			Wo	ork Phone	
Current Place	of Employme	ent			
STATEMENT (OF INTEREST				
Please indicate necessary).	e why you wis	sh to become a pu	blic library ti	rustee (use back o	of sheet if
EDUCATION					
<u>Instituti</u>	<u>on</u>	<u>Dates</u>	<u>Major</u>	<u>Degree</u>	

The Mary L. Cook Public Library Board of Trustees Policy

CIVIC OR PROFESSION	NAL ORGANIZATION	MEMBERSHIPS
REFERENCES		
<u>Name</u>	Address	<u>Phone</u>
 Are you 18 year 	s or older?	
 Are you a regist 	ered voter in the scho	ool district?
 Have you ever b 	een convicted of a cri	me?
 Are any felony of 	harges pending again	ast you?
Do you have a l	ibrary card?	
 Are you a librar 	y user?	
Is any member	of your immediate fan	nily an employee of the Mary L. Cook Public
Library?		
	Name	Position
Signature of Applican	t	 Date