

BOARD OF TRUSTEES APPLICATION FOR NOMINATION



Instructions: Please type or print your answers in ink. Where a question does not apply, answer "none" or "N/A". Please attach a copy of your resume, if available. **Return to:** Cecil County Public Library, Attn: Frazier Walker, 301 Newark Avenue Elkton, Maryland 21921-5441, or via email: fwalker@ccplnet.org, or fax: 410-996-5604.

PERSONAL DATA (PLEASE PRINT)

NAME		
HOME PHONE	CELL PHONE	EMAIL ADDRESS
PRESENT HOME ADDRESS—STREET, CITY, STATE, ZIP CODE		
PREVIOUS HOME ADDRESS—STREET, CITY, STATE, ZIP CODE (If at current address less than 10 years, please list all additional addresses below.)		
HOW LONG HAVE YOU BEEN A RESIDENT OF CECIL COUNTY?		
ARE THERE ANY TIME RESTRICTIONS THAT WOULD LIMIT YOUR ABILITY TO ATTEND MEETINGS AND LIBRARY FUNCTIONS? IF SO, PLEASE EXPLAIN.		

ASSOCIATIONS/EXPERIENCE

WHAT IS YOUR PROFESSION AND/OR FOCUS OF INTEREST?
NAME GROUPS OR ORGANIZATIONS WHICH YOU HAVE BEEN OR ARE CURRENTLY ASSOCIATED WITH IN CECIL COUNTY:
LIST ACTIVITIES OR FUNCTIONS YOU HAVE PARTICIPATED IN CONCERNING THE CECIL COUNTY PUBLIC LIBRARY:

AREAS OF INTEREST

Please indicate those areas in which your knowledge would be of benefit to the Library Board.

<input type="checkbox"/> GOVERNMENTAL RELATIONS	<input type="checkbox"/> BUSINESS ADMINISTRATION	<input type="checkbox"/> FINANCIAL MANAGEMENT	<input type="checkbox"/> ECONOMIC DEVELOPMENT
<input type="checkbox"/> PUBLIC RELATIONS	<input type="checkbox"/> FUNDRAISING	<input type="checkbox"/> MANAGEMENT & SUPERVISION	
<input type="checkbox"/> OTHER (Please Describe)			

ADDITIONAL INFORMATION

WHAT DO YOU SEE AS THE PUBLIC LIBRARY'S ROLE IN THE FUTURE?
WHAT DO YOU FEEL ARE THE RESPONSIBILITIES 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 truthfulness of the information shown on this application.

Signature of Applicant

Date