

The Wagnalls Memorial Foundation Board of Directors Application

DATE:

NAME:		
ADDRESS:		
PHONE: Home:	Mobile:	
Work:	Preferred number (please circle) Home Mobile Work	
Preferred Email:	Are you a resident of Lithopolis? () Y () N	
	Are you a resident of Bloom Township: () Y () N	
Occupational Background:		
Educational Background:		
Indicate what special skills, talents, interests, educational background or experiences qualify you to serve on a foundation committee:		
() Education	() Accounting	() Law
() Community Service	() Public Service	() Facilities Operations
() Human Resources	() Library Experience	() Public Relations
() Business Operations	() Labor Relations	() Arts and Culture Enterprises
() Finance/Investments	() Fundraising	() Parent
Are you related to, or otherwise closely associated with anyone now employed by The Wagnalls Memorial		
foundation or who is currently on the board of directors? () Y () N		
What experiences have you had with Wagnalls? What are your ties to our community?		
What strengths would you bring as a member of the Board of Directors?		
Why do you want to be a member of the Board of Directors?		
LIST THREE REFERENCES:		
NAME:	PHONE:	EMAIL:
NAME:	PHONE:	_EMAIL:
NAME:	PHONE:	_EMAIL:
The Directors of the Foundation Board serve without monetary compensation. Directors are expected to attend most monthly meetings and occasional special events, participate with at least one sub-committee, and assist with fundraising. Please return your completed application to a current member of the Board of Directors, the Executive Director, or to the Patron Services Desk at the library. Thank you!		