BOARD OF TRUSTEES
APPLICATION FOR NOMINATION

Wicomico Public Library

Instructions: Please type or print your answers in ink. Where a questions does not apply, answer "none" or "N/A". Please attach a copy of your resume, if available. Return to: *Wicomico Public Library*, 122 South Division St, Salisbury, MD 21801. Attn: Seth Hershberger, via e-mail: board@wicomico.org. If you have questions, you may call Seth at: 410-749.3612 ext. 113.

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 5 years, please list all additional addresses below.)		
ARE YOU A RESIDENT OF WICOMICO COUNTY? IF SO, HOW LONG HAVE YOU RESIDED IN THE 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 WITHIN WICOMICO COUNTY:
LIST ACTIVITIES OR FUNCTIONS YOU HAVE PARTICIPATED IN CONCERNING WICOMICO PUBLIC LIBRARY:

AREAS OF INTEREST

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

☐ GOVERNMENTAL RELATIONS ☐ BUSINESS ADMINISTRATION ☐ FINANCIAL MANAGEMENT ☐ ECONOMIC DEVELOPMENT

☐ PUBLIC RELATIONS ☐ FUNDRAISING ☐ MANAGEMENT & SUPERVISION

☐ OTHER (Please Describe)

ADDITIONAL INFORMATION

WHAT DO YOU SEE AS THE PUBLIC LIBRARY'S ROLE IN THE FUTURE?

WHAT DO YOU FEEL ARE THE RESPONSIBILITES OF A BOARD MEMBER TO THE LIBRARY?

ADDITIONAL INFORMATION YOU THINK WOULD BE APPROPRIATE FOR OUR CONSIDERATION:

<u>APPLICANTS CERTIFICATION</u>

I hereby guarantee the correctness and truthfulness of the information shown on this application.

_____   _____
Signature of Applicant   **Date**