

Board of Trustees Vacancy Application



APPLICANT INFORMATION			
Last Name		First	DOB
Street Address			
City		State	ZIP
Phone		E-mail Address	
Are you a resident of Lawrence County?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have a currently active library card?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you related to or otherwise closely associated with anyone currently employed at the LCPL or on the Board of Trustees? If yes, please indicate whom and relationship. YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you related to or otherwise closely associated with any current official or current employee of the Lawrence County Fiscal Court? If yes, please indicate whom and relationship. YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you employed by the Lawrence County Fiscal Court, the City of Louisa, or any other government agency (local or state). If yes, please indicate your position. YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you currently serve on another taxing district board? If yes, please indicate which board and your position. YES <input type="checkbox"/> NO <input type="checkbox"/>		

Occupation: _____

Education: _____

Special Experience or Skills:

Community Organizations:

Additional Information:

Briefly state your reasons for wishing to serve on the Lawrence County Board of Trustees.

What library activities or programs have you personally participated in?

Are you currently an active library user? In what way? (Reading materials, program participant, etc.)

If chosen to serve on the Library Board, what would you want to accomplish during your term in office?

What do you see as the most important role of a library trustee?

SIGNATURE

Signature _____

Date _____