

Rock Island Public Library - Board Member Application Form

1.

Name:	
Address:	
City, State, Zip:	
Home Phone:	
Work Phone:	
Email:	

2.

Employer:	
Current Position:	

3.

Work Experience:	<i>Please attach current resume.</i>
------------------	--------------------------------------

4.

Please check area(s) of expertise, skills, knowledge, and experience you have to further the mission of the Rock Island Public Library:

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Finance | <input type="checkbox"/> Accounting | <input type="checkbox"/> Business |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Education | <input type="checkbox"/> Fundraising | |

5.

Please list the non-profit Boards that you serve on, or have served on (business, civic, community, political, professional, recreational, religious, social).

Organization:	Role / Title:	Dates Served:

6.

Why would you like to be a member of the Rock Island Library Board of Directors?

7. What personal strengths do you feel you possess that would contribute to your successful participation on the Rock Island Library Board?

8. What do you feel is a Board member's role?

9. Please supply two references: At least one should be from someone with whom you have worked in an employment capacity or as part of a group.

	Reference 1:	Reference 2:
Name:		
Address:		
Telephone:		

10. What else would you like to share with us about yourself?

Signature

Date

I understand the requirements of becoming a Rock Island Library Board member. If I am selected, I will devote the time and resources necessary to actively serve and contribute. I understand the commitment by signing and submitting this application.