

Bradley Public Library District
Trustee Application

Name: _____

Address: _____

Phone: _____ Length of Residency: _____

Email: _____

Education: _____

Employment History: _____

Civic or Community Involvement: _____

Why are you interested in serving on the Bradley Public Library District Board of Trustees? _____

Skills or talents you would bring to the Library Board: _____

References: Please list three people, other than family members, who know you personally.

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the answers given on this application are true and complete to the best of my knowledge. I hereby authorize the investigation by the Bradley Public Library District and its agents of all statements contained in this application as may be deemed necessary.

Signature

Date