

Albert F. Totman Public Library
Board of Trustees - Position Application

Name: _____ Email: _____
Home/Primary Address: _____
Mailing Address (if different from above): _____
Phone: (Home) _____ (Cell) _____ (Work) _____

Are you a Phippsburg resident: (___) Yes (___) No

Current Employer: _____
Position: _____ (If retired, previous employer and position)

References (not family relatives):

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____ Email: _____	Phone: _____ Email: _____
Relationship to you: _____	Relationship to you: _____

Experience (if any) with our Library: _____

Please check all the following skills or experience that you possess:

- | | |
|---|---|
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Administration/Management, Human Resources |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Public Sector, Nonprofit Organizations |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Fundraising/Economic Development |
| <input type="checkbox"/> Project Management | <input type="checkbox"/> Public Relations, Marketing/Communications |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Education, Program Development |
| <input type="checkbox"/> Construction, Architecture | <input type="checkbox"/> Special Events Planning & Coordination |
| <input type="checkbox"/> IT, Technology Resources | <input type="checkbox"/> Other _____ |

Affiliations or organizations you belong to (e.g. membership, professional, civil): _____

Reason(s) you wish to serve on the Board of Trustees: _____

Applicant's Signature: _____ Date: _____

Please submit your application at the Library to Cindy Brouwer, Chair - Board of Trustees, or via email to cbrouwer79@gmail.com Thank you!