



# The Wagnalls Memorial Foundation Board of Directors Application

DATE: \_\_\_\_\_

NAME:
ADDRESS:
PHONE: HOME: _____ CELL: _____
EMAIL:
LENGTH OF TIME YOU HAVE BEEN A RESIDENT OF BLOOM TOWNSHIP:
OCCUPATIONAL BACKGROUND:
EDUCATIONAL BACKGROUND:
INDICATE WHAT SPECIAL SKILLS, TALENTS, INTERESTS, EDUCATIONAL BACKGROUND OR EXPERIENCES QUALIFY YOU TO SERVE ON A FOUNDATION COMMITTEE: <input type="checkbox"/> EDUCATION <input type="checkbox"/> ACCOUNTING <input type="checkbox"/> LAW <input type="checkbox"/> COMMUNITY SERVICE <input type="checkbox"/> PUBLIC SERVICE <input type="checkbox"/> EXECUTIVE EXPERIENCE <input type="checkbox"/> PERSONNEL <input type="checkbox"/> LIBRARY EXPERIENCE <input type="checkbox"/> PUBLIC RELATIONS <input type="checkbox"/> BUSINESS EXPERIENCE <input type="checkbox"/> LABOR RELATIONS <input type="checkbox"/> PARENT <input type="checkbox"/> INVESTMENTS
ARE YOU RELATED TO, OR OTHERWISE CLOSELY ASSOCIATED WITH ANYONE NOW EMPLOYED BY THE WAGNALLS MEMORIAL FOUNDATION OR WHO IS CURRENTLY ON THE BOARD OF DIRECTORS? <input type="checkbox"/> Y <input type="checkbox"/> N
WHAT WOULD YOUR INTERESTS BE AS A MEMBER OF THE BOARD OF DIRECTORS?
WHAT WOULD YOUR STRENGTHS BE AS A MEMBER OF THE BOARD OF DIRECTORS?
WHY DO YOU WANT TO BE A MEMBER OF THE BOARD OF DIRECTORS?
LIST THREE REFERENCES: NAME: _____ PHONE: _____ NAME: _____ PHONE: _____ NAME: _____ PHONE: _____
<i>The Directors of the Foundation Board serve without monetary compensation. Please return your completed application to a current member of the Board of Directors or to the Patron Services Desk at the library. Thank you!</i>