

**Mount Gilead Public Library**  
**Application for Appointment to the Board of Trustees**

**Date:**

**Name:**

**Address:**

**Phone:**

**Email:**

**Education:**

**Occupation:**

**How long have you lived in the Mount Gilead School District:**

**Employment Experience:**

**Membership in community organizations (please list offices held, if applicable) as well as participation in civic activities.**

**Are you related to, or otherwise closely associated with anyone now employed by Mount Gilead Public Library or on the Board of Trustees?**

**State briefly your reasons for wishing to serve on the Mount Gilead Public Library Board of Trustees.**

**Indicate what special skills, talents, interests, educational background or experiences qualify you to serve on the Library Board.**

**If chosen to serve on the Library Board, what would you want to accomplish during your seven-year term of office?**

**Please return this form with a resume to:**

**Mount Gilead Public Library**

**41 East High Street**

**Mount Gilead, OH 43338**