

APPLICATION FORM FOR LEHIGH BOARD OF TRUSTEES

Please Return To:

City Clerk's Office, Lehigh, 241 Elm Street

Phone: (515) 359-2311 Fax: (515) 359-2311 Website: <https://cityoflehigh.com/>

Date _____ E-mail Address _____

Name _____

Address _____

Phone Number _____ Business Phone _____

Cell Phone _____

This form assists the Mayor and City Council in evaluating the qualifications of applicants for appointment to the Library Board of Trustees. State law requires political subdivisions to make a good faith effort to balance most appointive boards, commissions, committees, and councils according to gender by January 1, 2012, and each year thereafter.

__ Female __ Male

Place of employment and position (and/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this position):

The following questions will assist the Mayor and City Council in its selection.

■ How much time will you be willing to devote in this position?

■ Interest in Appointment: Describe in detail why you are interested in serving as a public library trustee. Include information about your background that supports your interest.

■ Contributions you feel you can make to the Board:

■ Direction/role you perceive of this Board:

■ In lieu of/in addition to the above, do you have any comments to add that may assist the Mayor in its selection?

■ Please provide two references who may be contacted on your qualifications for this position.

Name	Address	Phone Number	Email Address	Relationship
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I certify that there is nothing that would prohibit me from serving on this board.

Signature _____ Date _____

YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR. THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED TO THE PUBLIC.