

**Application for Appointment
Milford Memorial Library
Board of Trustees**

Date: __/__/__

Personal Information:

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

How long have you lived in the Milford Area? _____

Are you registered to vote? _____ Yes _____ No

Date of Birth: __/__/____ (optional)

Experience:

What education, work or other experience could you apply to the skills needed by a library board member?

Community Involvement:

Involvement: _____

Do you presently serve on any other boards, commissions or committees? _____

Why do you desire this appointment? _____

How much time do you anticipate being able to spend on this appointment each month? _____