**2 Washington Street**

**Livonia, NY 14487**

**Phone: (585) 346-3450**

 **Email:** **LivoniaLibraryDirector@owwl.org**

**Board of Trustees Candidate Application**

An individual chosen as a Livonia Public Library trustee is one of nine individuals who collectively and as a Board, provide governance and fiscal policy guidance to the Library Director. The Board looks for candidates who can bring demonstrated leadership and expertise to its membership. Please take a few moments to answer the following questions:

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 First MI Last Preferred Name

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Why do you want to be a library trustee? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**2. How long have you resided in the Town of Livonia? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Do you have an active library card? \_\_\_\_\_\_YES \_\_\_\_\_\_NO**

**4. What is (or was) your occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Type of business or organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Education/Training/Certificates**

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**6. Please list any boards, committees, or organizations that you have served upon (business, civic, community, political, professional, recreational, service, and/or social)**

Organization Role/Title Dates of Service

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**7. Please list any Livonia Public Library activities or functions you have participated in:**

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**8. How do you believe the Livonia Public Library would benefit from your involvement on the Board?**

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**9. Skills, Experience, Expertise, and Interests (Please circle all that apply)**

Finance, Accounting Nonprofits Education, Instruction

Personnel, Human Resources Long range planning Special events

Administration, Management Building programs Program evaluation

Public Relations, Communications Government Relations Fundraising

Policy Development Legal Grant Writing

Technology Outreach, Advocacy Community Service

Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Please offer any additional information you think would be appropriate for our consideration:**

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**Thank you very much for applying!**