



Questionnaire For Prospective Members Of The Board Of Trustees

Date _____

Name _____

Address _____

_____ Zip _____

Telephone _____ Home _____ Work _____

Cell _____ Email _____

Education _____

Occupation _____

How long have you lived in the Library's district? _____ years.

Employment experience (firm and type of work)

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 the Lorain Public Library System or on the Board of Trustees?

Please state briefly your reasons for wishing to serve on the Lorain 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 a paper copy of this form to:

**Administrative Office
Lorain Public Library System
351 W. Sixth Street
Lorain, Ohio 44052
ATTN: Trustee Development and Nominating Committee
Or FAX: 440/244-4888**