Ellsworth Public Library Board of Trustee Application

Your name		
Full street address		
E-mail address		
Phone number (home)	OR (cell)	
How long have you been a resident	of Ellsworth, Iowa?	
Are you able to attend meetings on the 1 st Thursday of every month at 5:30pm?(Trustees must be able to attend at least 6 meetings each year.)		
What groups or organizations have you been, or are currently, associated with in the area?		
What activities or functions have yo	u participated in concerning the Ell	sworth Public Library?
Please indicate the area(s) in which your knowledge would be of benefit to the Board:		
Finance Strategic planning Legal issues	Government relations Human resources Building & grounds	Technology Marketing
Other (explain)		
What do you see as the library's role	e in the future?	
What do you feel are the responsibi	lities of a board member?	

Please return to the library or email a copy to library@ellsworthiowa.org when complete.