



BOARD OF TRUSTEES APPLICATION FORM

NAME: _____
PHONE: _____
EMAIL: _____
ADDRESS: _____

In order to be considered as a trustee for the Crafton Public Library Board, please submit application and a current resume. Applications will be reviewed by the Board of Trustees and selected applicants will be contacted to schedule an interview.

Trustees will serve for a term of three years. The Library Board will be comprised of 7 trustees total. (Crafton Library Board will appoint 5 and Crafton Borough will appoint 2.)

I have lived in Crafton for _____ years. Living in Crafton is preferred but NOT required.

I understand the information provided in this application is considered part of public record and could be made available upon request.

Yes _____

No _____

Why do you want to serve on the Crafton Public Library Board?

What challenges and opportunities do you see for Crafton Public Library?

What else would you like to tell us about your background or experience that might be helpful in advancing the purpose of the Library Board?

Have you served on other boards or committees? If so, please list them.

What is one thing you believe would improve the services of Crafton Public Library?

I am able to attend a 7:00 PM Board Meeting on the third Tuesday of each month.

Yes _____

No _____

I have or am willing to obtain the necessary clearances.

Yes _____

No _____

Have you ever been convicted of a crime?

Yes _____

No _____

If yes, please explain.

Thank you for your interest!