

BOARD OF TRUSTEES APPLICATION FORM

HAWKINS COUNTY LIBRARY SYSTEM CHURCH HILL SURGOINSVILLE ROGERSVILLE

Thank you for your interest in joining the Hawkin County Library System Board. Use this form to provide useful information about yourself, to ensure the best match between you and the Library System for its Board of Trustees. Please submit a copy of your resume along with 2-3 personal references with your application.

Name:	
Home Phone Number:	Cell Number:
Address:	
Branch Affiliation:	
Email Address:	
Briefly describe why you would like to join our Board of Trus	stees:
Current organizational affiliations (names of the organizatio	n and your role(s):
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Which of your skills would you like	to utilize on the Board? Check th	ose that apply:
Board Development	Financial Management	Training
Strategic Planning	Fundraising	Marketing
Staffing/HR	Evaluation	Volunteer Management
Program Development	Community Networking	Facilities Management
	Other	
Other – Please explain:		
What aspect of our library service a	are your most passionate about?	
Please list any previous experience	with Boards whether volunteered	d or appointed:
What do you wish to achieve throu skills to develop, interests to cultiva	•	d, e.g., what types of experiences,
Applications will be reviewed by per vacancy will be made for ap	_	
If you join the Board, you agree Board and Committee meetings courses. You also agree that you board.	and any online or in-person Tr	ustee workshops and training
Your signature:		_ Date:
*Applications will be accepted u	ntil all positions have been fille	-d
**Applications will remain on fil	•	
Approved 3/4/2024		