

# Board/Committee Member Application

## Candidate Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Work phone number \_\_\_\_\_

Employment/Position \_\_\_\_\_

Education \_\_\_\_\_

Previous experience (if any) with Scarborough Public Library

\_\_\_\_\_  
\_\_\_\_\_

Please check any of the following skills or experiences that the candidate possesses.

- |   |   |
|---|---|
| <input type="checkbox"/> Finance/ accounting              | <input type="checkbox"/> Management, administration       |
| <input type="checkbox"/> Grant writing                    | <input type="checkbox"/> Nonprofit experience             |
| <input type="checkbox"/> Fundraising and special events   | <input type="checkbox"/> Public relations, communications |
| <input type="checkbox"/> Teaching, curriculum development | <input type="checkbox"/> Contacts, networking             |
| <input type="checkbox"/> Project management               | <input type="checkbox"/> Construction, Architecture       |
| <input type="checkbox"/> Other _____                      | <input type="checkbox"/> Other _____                      |

Affiliations or organizations the candidate belongs to (e.g., membership, professional, civic).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Submitted by

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Has this person been contacted to determine their interest in being nominated?

Yes  No

**Make sure you save this form after filling it in, otherwise you may end up sending us a blank form.  
Thank you for your nomination.**



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