



Scarborough Public Library

DATE:

The Nominating Committee of the Board of Trustees is requesting the information below to assist in its consideration of your nomination as a trustee of the Scarborough Public Library Corporation.

NAME:

ADDRESS:

TELEPHONE: (home) (work)

EMAIL: FAX:

OCCUPATION:
(If retired, occupation at retirement)

PREVIOUS LIBRARY EXPERIENCE:

SKILLS / EXPERIENCE WHICH YOU BELIEVE ARE RELEVANT TO THE
POSITION OF LIBRARY TRUSTEE: **(use additional sheet of paper if necessary)**

Your completed questionnaire will be submitted to the Board of Trustees. The Trustees will consider nominations on file as vacancies occur. Please return this completed form to the Library at the address below. Thank you for your expression of concern for and interest in the Scarborough Public Library.