

City of Spring Hill Library Board of Trustees Application

Please return completed form to:

Spring Hill City Hall

Attention: Victor Lay, City Administrator

P.O. Box 789, 199 Town Center Parkway

Spring Hill, TN 37174



Today's Date:	_			
Last Name:	First Name	<u> </u>		
Daytime Phone:	Evening Phone:	Cell Pho	ne:	
Address:	City:	State:	Zip:	
How long have you lived in this area:	Employer:			
Occupation:	Years in Occupation:	Title:		
The Spring Hill Library Board of Trustees meet on the	e 3rd Tuesdav of odd numbered month	es at 6:00 p.m.		
Are you available to meet at this time?	Yes:	—	No:	
The term for this appointment is for a three year term, or the remaining term of a vacated position. Are you able to				
commit to serving the full term?	Yes:	_	No:	
Are you able to consistently contribute additional tir	me to committee meetings and Library-	related or Board-hosted	events?	
	Yes:	_	No:	
Are you a Library cardholder?	Yes:	_	No:	
Please list any past or present affiliations with other organizations, advocacy or volunteer groups you have		ement, professional		
Organization			Dates of involvement	

A diverse Board with a variety What training, experience, or legal, legislative, or financial c	special skills would you bring to the Libi	base of knowledge for decision-making. rary Board to assist in planning, policy,	
			_
Why do you wish to serve on	the Library Board?		
			_
			_
If appointed to the Library Boa	ard, what would you like to see accompl	lished during your term?	
			_
What do you think the Library'	's most important roles are for the comi	munity?	
What are some problems and	challenges facing libraries?		
References: Please list individu	uals qualified to comment on your capa	bilities:	
Name	Address	Phone No.	
			_
			_
I certify that I understand the r considered for the position of ⁻	esponsibilities of the Spring Hill Library Trustee.	Board of Trustees, and wish to be	
Signature		Date	_