

Lakewood Memorial Library  
Summit Avenue  
Lakewood, New York 14750

Thank you for your interest in joining the Board of Trustees of the Lakewood Memorial Library. In an effort to learn more about you, we ask that you complete this questionnaire and return it to the Library Director.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Education Level \_\_\_\_\_

Current/ past relevant employment

1. Why are you interested in joining the library's Board of Directors?

2. What talents, skills, expertise, and experience would you bring to the Board?

**3. Which of the following board activities would be of interest to you?**

**Budget**

**Finance and Investment**

**Fundraising**

**Marketing and Public Relations**

**Advocacy**

**Programs and Services**

**4. Is there anything else you would like to share with us about yourself?**