



LIBRARY BOARD APPLICATION FORM

Date: _____

Name: _____

Address: _____

Email: _____

Phone (Day): _____

Phone (Evening): _____

Cell: _____ **Fax:** _____

Current Occupation: _____

1. Experience (including work background, community activities, volunteering, etc.):

2. Education (summary of formal education or training, certificates, completed courses, etc)

3. Please summarize what skills, abilities and specialized knowledge do you have that will assist this Board?

4. Why are you interested in serving on this Board?

5. What contribution(s) do you believe you can make?

6. What past contribution(s) have you made to a similar group or organization?

7. What experience do you have to exchange your views with others and to appreciate and respect their skills, abilities and knowledge?

Note: The personal information on this form is collected pursuant to the *Freedom of Information and Protection of Privacy Act* and the *Local Government Act* and will only be used for the purpose of processing your application.

Please contact the Bowen Island Public Library at (604) 947-9788 or bbi@bowenlibrary.ca if you require further information.

Thank you for your submission.