

Pine Plains Free Library
Board of Trustee Application

Name: _____

Address: _____

Telephone: Home _____ Cell _____ Work _____

Email: _____

Occupation: _____

(If retired, occupation at retirement)

Are you **a resident of Pine Plains?** _____ For how long? _____

- Are you related to, or otherwise closely associated with anyone now employed by the Pine Plains Free Library or on the Board of Trustees?

State name and relationship. _____

- Please indicate those areas in which your knowledge would be of benefit to the Library Board:

Finance

Long Range Planning

Legal

Government

Management

Human Resources

Building Programs

Computer skills

Public Relations

Teaching skills

Please list former and current activities, special skills, talents, educational background, memberships in community organizations (office held, if applicable), as well as participation in civic activities:

Please return completed form to: Pine Plains Free Library

Board of Trustees
P.O. Box 325
Pine Plains, NY
12567

Email: bot@pineplainslibrary.org