

**APPLICATION FOR APPOINTMENT
TO THE
YPSILANTI DISTRICT LIBRARY BOARD OF TRUSTEES**

Name _____ Home Phone _____
Occupation _____ Business Phone _____
Address _____ City _____ Zip _____
E-mail _____

YOUR BACKGROUND (please use reverse side for additional comments)

What education or skills could you contribute to our board? (please check)

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Management | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Marketing | <input type="checkbox"/> Knowledge of Services |
| <input type="checkbox"/> Affiliations | <input type="checkbox"/> Education | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Long Range Planning | <input type="checkbox"/> Lobbying |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Human Resources | |
| <input type="checkbox"/> Other (please explain) | | |

What other boards have you served?

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List charitable or community activities in which you have been involved:

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.....

YOUR AVAILABILITY TO SERVE

Can you regularly attend board meetings? Yes No Conflicts
(Schedule of Regular Meetings for Year 2026 posted on the library's website: www.ypsilibrary.org)

How many hours per month, in addition to board meetings, could you serve this organization?

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Would you be willing to attend an orientation session for new board members? Yes No

YOUR VIEWS ON OUR ORGANIZATION (please use reverse side for additional comments)

- What is your interest in this organization?
- Why would you like to be considered for the Ypsilanti District Library Board?
- What challenges and opportunities do you believe are ahead for YDL?
- Please write a brief statement of your understanding of the mission of this library.

Signature _____ Date _____

YOUR VIEWS ON OUR ORGANIZATION