

104 South Bradford Lane Georgetown, KY 40324 (502) 863-3566

# Board Vacancy Application

Membership as a trustee is open to all persons over the age of eighteen (18) years, who reside within Scott County and who are interested in furthering the purpose of the Scott County Public Library. If chosen to serve, you will be expected to serve a 4-year term. Applications submitted after the closing date of an opening will not be considered.

**Applicant Information**

Incomplete information could disqualify you from further consideration. Please complete all fields. (Please print)

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| --- | --- | --- | --- | --- | --- |
| Name: |  | | | Date: |  |
| Address: |  | | | | |
| Email Address: |  | | | | |
| Home Number: |  | | Cell Number: |  | |
| Occupation: |  | | | | |
| Education: |  | | | | |
| Special Skills/Experience: | |  | | | |
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| Community Organizations of Affiliations: | |  | | | |
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| --- | --- | --- |
| Are you a resident of Scott County? | YES | NO |
| Are you at least 18 years or older? | YES | NO |
| Have you ever worked for SCPL? | YES | NO |
| Are you related to anyone currently employed by SCPL or on the Board of Trustees? | YES | NO |
| Do you have a Library card? | YES | NO |
| Are you currently serving on a board of a taxing district? | YES | NO |

Briefly state your reasons for wishing to serve on the Scott County Public Library Board of Trustees.

**Additional Information**

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If chosen to serve on the Library Board, what would you want to accomplish during your term of office?

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## What do you see as the most important role of a Library Trustee?

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**Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration establishes any obligation for Scott County Public Library to select me. If I am chosen, I understand that either Scott County Public Library or I can end my term at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Scott County Public Library has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Scott County Public Library true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of selection.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_   Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_