



250 5th St. Box 541 · Delaware City, DE 19706 · (302) 834-4148 · delawarecity.lib.de.us

Name: _____

Address: _____

Preferred Phone Number: _____

E-mail Address: _____

Occupation: _____ Employer: _____

Special Skills or Interests: _____

Previous Board Experience, if any:

What makes you interested in serving on the library board?

What strengths do you feel you would bring to the Delaware City Library Board?

If invited to become a member of the Delaware City Library Board, I will commit to attending scheduled board meetings and fulfilling the role of board member to the best of my ability.

Signature

Date