

Tellico Plains Public Library
Library Board of Trustees Application

Please return in a sealed envelope to the library
209 Cherohala Skyway
PO Box 658
Tellico Plains TN 37385

Name _____

Phone _____ Cell Phone _____

Email _____

Mailing Address _____

Education _____

Occupation/former Occupation: _____

1. Why are you interested in serving as a Library Trustee?

2. Please describe any special skills, strengths, or talents that you have that would be beneficial:

3. How much time are you able to devote to this position?

4. Any prior volunteer and/or board experience?

5. Are any of your family members current employees? If yes, please list name(s):

6. Please provide names and phone numbers for two references who may be contacted on your behalf:

1. _____

2. _____

Signature _____ Date _____