

MAXWELL MEMORIAL LIBRARY

14 Genesee Street, Camillus, NY 13031 Phone: (315) 672-3661

Web: www.maxwellmemoriallibrary.org E-mail: maxwell@maxwellmemoriallibrary.org

Maxwell Memorial Library Board of Trustees Application for Appointment

Thank you for your interest in becoming a member of the Board of Trustees of Maxwell Memorial Library. All information in this application will remain confidential. Per the Library's By-Laws, nominees must reside in the West Genesee School District. If you have any questions, please email: trustees@maxwellmemoriallibrary.org. Return the completed application to:

**President, Board of Trustees
Maxwell Memorial Library
14 Genesee Street
Camillus, New York 13031**

Full Name:

Home Address:

City:

State:

Zip Code:

Home Phone:

Mobile Phone:

Email:

Fax Number:

Employer:

Position:

Business Address:

City:

State:

Zip Code:

Work Phone:

Work Email: (Optional)

Preferred Mailing Address: ___Home ___Work Preferred Email Address: ___Home ___Work

May we contact you at work: ___Yes ___No If yes, what time is best? _____

In case of an emergency, whom should we contact?

Name:

Relationship:

Mobile Phone:

Home Phone:

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Have you ever served on the board of any other charitable, civic, or business organization?

Yes No

If yes, please list the organizations and the years served on those boards.

Are you currently volunteering, in any capacity with any other charitable, civic, or business organizations?

Yes No

If Yes, please list the organizations and positions you currently hold within these organizations.

Have you ever been asked to relinquish a volunteer position, including a Board position?

Yes No If yes, which position and why?

List all qualifications (e.g., work experience, education, attributes, and training which you feel would provide positive input to the work of the Library Board) and the reason why you are interested in being appointed:

Do you speak any languages(s) other than English? If yes, please list.

References – the following individuals are qualified to comment on my capabilities (please list at least two):

Name: Phone:

Name: Phone:

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Library Trustee duties and responsibilities include but are not limited to:

- Create and develop the missions of the Library
- Select, hire, and regularly evaluate a qualified Library Director
- Secure adequate funding for the Library's service program
- Exercise fiduciary responsibility for the use of public and private funds
- Adopt policies and rules regarding Library governance and use
- Regularly plan and evaluate the Library's service program
- Maintain a facility that meets the needs of the Library and community
- Promote the Library in the local community and in society in general
- Conduct the business of the Library in an open and ethical manner in compliance with all applicable laws and regulations and with respect for the institution, staff, and public
- Attend monthly meetings and serve on standing or special committee which may require additional meetings beyond the regular monthly Board meetings
- Complete two hours of trustee education annually as mandated by New York State Education Law Section 260-D

I have completed and reviewed this application and attest the information I have provided is true. I understand the responsibilities of a Library Trustee. I am volunteering my time for personal reasons, and I understand that I will not be paid for my services as a Board Member or as a volunteer in any other capacity, and I expect no compensation.

By signing below, I agree to all terms, conditions, and statements listed.

Applicant's Signature: _____ Date: _____