



Boulder City Library District **Board of Trustees Application**

(Note: This document and accompanying materials become public record once it is received by Clark County.)

The Boulder City Library District Board of Trustees (Board) exists pursuant to NRS 379.020, that the Clark County Board of Commissioners (County Commission) appoint five (5) competent persons who are residents of the county to serve as district library trustees. Each member serves a four-year term with the possibility of reappointment.

To be eligible to serve, a candidate must reside within the city limits of the City of Boulder City.

The Board usually meets on the 3rd Wednesday of each month in the evening. Additional committee meetings and special meetings may be held as needed.

Application Overview:

If you are interested in applying to be a Trustee on the Boulder City Library District Board of Trustees, please complete the application below. If you have any questions related to the Board of Trustees or the application process, please contact Kimberly Diehm at bcdirector@bclibrary.org.

Full Name: (First, Middle Initial, Last): _____

Home Street Address: _____

Home Address City/State/Zip Code: _____

Mailing Address: _____

Mailing Address City/State/Zip Code: _____

Employer: _____

Occupation: _____

Email Address: _____

Cell Phone: _____

Best Daytime Contact Phone: _____

Relevant Affiliations: Please list below any other committees on which you are currently serving. Please list, if applicable, the jurisdiction and term of appointment. If you were appointed by an individual and not by a local jurisdiction, please include that information. If you need additional space, please attach an additional sheet of paper.

Skills and Experience: Please provide a brief description of your qualifications; include any special skills, interests, experience, or training which you possess or have completed that would benefit the work of the Board of Trustees. If you need additional space, please attach an additional sheet of paper.

A resume or letter of interest is REQUIRED. Please attach it to this application.

I certify that I am a resident of the City of Boulder City. I verify my signature below that all statements made on this application, as well as any information attached hereto, are true and complete to the best of my knowledge. I understand that an electronic signature has the same weight and effect as a handwritten signature. Furthermore, I understand that an incomplete application and any modifications to this application will not be accepted or considered.

Signature

Date

Hand Deliver/Mail Application to:

Director
Boulder City Library District
701 Adams Blvd.
Boulder City, NV 89005

Email Scanned Copy to:

bcdirector@bclibrary.org