



Three Rivers Public Library District
Board of Trustees
Application for consideration for appointment to the Board

Name: _____

Address: _____

City, State & Zip: _____
(Trustees must be residents of the library district)

Phone: Home: _____

Cell: _____

Work: _____

Email: _____

Employer: _____

Education: _____

Please provide a brief statement detailing why you wish to be a part of the
Three Rivers Public Library District's Board of Trustees:

Please attach a resume to application and return to either library location by **Friday, August 27, 2021.**