



APPLICATION FOR WILLOWS PUBLIC LIBRARY BOARD OF TRUSTEES

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Date: _____

To the Honorable Mayor and City Council,

I wish to serve on the Willows Public Library Board of Trustees on a voluntary basis.

Name: _____ Phone: _____

Email Address: _____

Mailing Address: _____

Years In Area: (Optional) _____

Please describe your background, training, interests, community involvement, and education which you feel can be an asset to the City of Willows Library Board of Trustees.

Briefly describe why you wish to serve on the Willows Library Board of Trustees and why you are qualified for the position.

I understand that as a Willows Library Board of Trustees member I am expected to represent the interests of the broader community.

☐ YES ☐ NO

I understand and believe in the critical role and mission of the Willows Public Library.

☐ YES ☐ NO

I understand the scope of the Library Board's powers compared to the City Council and to the City Librarian.

☐ YES ☐ NO

I will follow all tenets, laws, and rules which guide Library Board proceedings and conduct of business.

☐ YES ☐ NO

I understand the importance of continuing education and training as a trustee member.

☐ YES ☐ NO

Signature _____

The City of Willows is an Equal Opportunity Provider