



CITY OF SPRING HILL LIBRARY BOARD OF TRUSTEES APPLICATION

Today's Date: _____

Last Name: _____ First Name: _____

Email: _____ Phone: _____

Address: _____

How long have you lived in this area? _____ Employer: _____

Years in Occupation: _____ Occupation/Title: _____

The Spring Hill Library Board of Trustees meets on the 2nd Tuesday of every odd-numbered month at 6:00 PM. Are you available to meet at this time? Yes No

The term for this appointment is for three-year term or the remaining term of a vacated position. Are you able to commit to serving the full term? Yes No

Are you able to consistently contribute additional time to committee meetings and library-related or board-hosted events? Yes No

Are you a library card holder in good standing? Yes No

Please list any past or present affiliations with other boards, community groups, professional organizations, advocacy or volunteer groups or other civic involvement.

Organization	Dates of involvement
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_____	_____
_____	_____
_____	_____

A diverse board with a variety of interests and skills provides a broad base of knowledge for decision making. What training, experience, or special skills would you bring to the Library Board of Trustees to assist in planning, policy, legal, legislative, financial, or technological decisions?



OFFICE OF THE CITY RECORDER

199 Town Center Parkway • Spring Hill, Tennessee 37174

931-486-2252, ext 206

www.springhilltn.org



Why do you wish to serve on the Library Board of Trustees?

If appointed to the Library Board, what would you like to see accomplished during your term?

What do you think the library's most important roles are for the community?

What are some problems and challenges facing libraries?

References – Please list individuals qualified to comment on your capabilities.

Name	Address	Phone or email
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I certify that I understand the responsibilities of the Spring Hill Library Board of Trustees and wish to be considered for the position of Trustee.

Signature _____

Date _____



Please return application to April Goad, City Recorder, at the address below or agoad@springhilltn.org

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