



Lewisboro Library Board of Trustees - Nominee Questionnaire

Completed Questionnaires may be dropped off at the Library in a sealed envelope addressed to the Nominating Committee. Candidates may also mail their Completed Questionnaire to Lewisboro Library, Attn: Nominating Committee, 15 Main Street, P.O. Box 477, South Salem, NY 10590 or email the completed form to boardoftrustees@lewisborolibrary.org

Name: _____

Address: _____

Phone: _____ E-mail: _____

Are you a cardholder at Lewisboro Library? _____

Please take a few moments to answer the following questions:

1. Why are you interested in serving on the Lewisboro Library (LL) Board?

2. What about your background, education/training, experience, skills, and perspectives do you feel would be helpful in serving as a LL Trustee?

3. What do you think are the Library's most important challenges and opportunities as it strives to serve the community?

4. Please list any former and current activities in the community – e.g., civic and school groups, neighborhood events, service clubs, non-profit organizations, other boards and commissions.

(continued on next page)



5. Do you foresee any potential conflicts of interest that might arise as a result of your service on the Library Board of Trustees? (Examples would include, but not be limited to, current or potential business dealing with the library, employment of family members by the library, etc.)

6. Do you use the library? _____ If so, what do you like best about this library and where would you recommend improvements? (if you don't use the library, what services, resources or features would the library have to have to make it appealing to you?)

7. What are the most important issues facing public libraries today?

8. Where do you stand on censorship and the First Amendment in a public library?

9. Are you willing to represent the Library Board at public meetings?

10. **[Optional]** Any additional information you would like to submit? If so, please feel free to attach a resume and/or other documents that support or illustrate your capabilities. This could include the names of personal/professional references with their email and phone contact information. (If providing references, your signature at the bottom of this page indicates that you give the Lewisboro Library Board and its members permission to check all references submitted.)

Signature: _____

Date: _____

*Thank you for your interest in serving on the **Lewisboro** Library Board.*