

LIBRARY FOUNDATION
of HILLSBORO



Board Appointment Application

Name _____

Address _____

Occupation _____

Phone Home _____ Work Phone _____

Email _____

Interests

Why are you applying to be a member of this board?

Experience

What prior experience have you had that would help you if you were appointed to this board? (i.e. previous board positions, volunteer positions, fundraising or community service experience)

What training, education or special skills would you bring to this board?

What are your goals if you were appointed?

Availability

The Library Foundation of Hillsboro generally has evening meetings with occasional special event commitments. Would you be available to attend these?

Additional comments:

Date _____ Signature _____

Please return this completed form to:

Library Foundation of Hillsboro
2850 NE Brookwood Parkway
Hillsboro, OR 97124
503-681-5252 x4451
www.libraryfoundationhillsboro.org