



Scugog Memorial Public Library
231 Water Street
Port Perry, ON L9L 1A8

SCUGOG MEMORIAL PUBLIC LIBRARY BOARD APPLICATION FORM

(Please return completed applications to the Scugog Memorial Public Library)

Please consider the following an application to serve a term on the Scugog Public Library Board.

Full Name: _____

Address: _____ Telephone: _____

Email: _____

1. The *Public Libraries Act* sets the eligibility requirements of Library Board trustees. As per the *Act*, please indicate whether you are (please circle your responses):

- | | | |
|--|-----|----|
| a) At least 18 years old; | Yes | No |
| b) A Canadian citizen; | Yes | No |
| c) A resident of the Township of Scugog; or, | Yes | No |
| d) An employee of the Library or of the Township of Scugog | Yes | No |

2. Are you a Library member? (please circle your response) Yes No

3. Please explain why you are interested in serving as a Scugog Public Library Board trustee.

4. Have you ever served as a Library Board trustee for Scugog or for another community?

- No Yes

(If "Yes" please provide the details regarding the location, dates and Board accomplishments during your term of membership)

5. Please identify the qualifications that you possess that would make you an effective Library Board member.

6. The following is a list of specific skills/knowledge that are considered to be assets (although not requirements) for Library Board membership. Please indicate your level of knowledge/familiarity with each:

	Extensive	Some	None
Knowledge/experience with 'Policy Governance' model			
Knowledge and experience in Strategic Planning			
Knowledge and experience in Marketing			
Knowledge and experience in Human Resource Management			
Knowledge and experience in managing organizational change			
Accounting knowledge and experience			
Legal knowledge and experience			
Knowledge of parliamentary procedure and skill in chairing meetings			

7. Please list any other committees or boards, including the dates of service, on which you have previously served in Scugog or in other communities:

Dated this _____ day of _____, 20____.

Signature _____

Please accept our sincerest appreciation for expressing interest in serving the community by volunteering your time as a member of the Scugog Public Library Board. You will be notified accordingly once all received applications have been reviewed.

Notes:

1. You may wish to attach a personal resume to accompany the application form.
2. Questions regarding the application form or the responsibilities of the Scugog Memorial Public Library Board may be directed to Amy Caughlin, Chief Executive Officer, Scugog Public Library via email (acaughlin@scugoglibrary.ca) or phone (905-985-7686 ex. 102).
3. Please note that the names of successful applicants will be released as public information.