



Sandwich Library Trustee Interest Application

Name: _____
Last *First*

Address: _____

Phone: _____ Email: _____

Preferred Contact Method: Phone Email

Signature: _____ Date: _____

Please describe your educational background and professional experience:

Please describe your community interests and/or volunteer experience:

Please describe any experience working with elected, appointed, or volunteer Boards:

Please describe your experiences with the Sandwich Public Library District:

Why do you want to be a trustee for the Sandwich Public Library District?

Please submit your application in one of the following ways:

1. **Email:** Send application to posingerb@sandwichpld.org
2. **In Person:** at the Library's Circulation Desk. Submit envelope to staff with marked "*Trustee Application. Attn: Barbara Posinger*"
3. **Mail:** ATTN: Barbara Posinger, Sandwich Public Library District, 925 S. Main St., Sandwich, IL 60548.

Thank you for your interest in serving on the Sandwich Public Library District Board of Trustees!