

**Henderson Memorial Public Library Association  
Questionnaire for Prospective Members  
of the Board of Trustees**

Name _____	Date _____	
Address _____		
City _____	Township _____	Zip _____
Telephone _____		

Education \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

How long have you lived in Ashtabula County? \_\_\_\_\_

Employment experience in the last 10 years (firm and type of work). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Membership in community organizations in last 10 years (please list offices held, if applicable) as well as volunteer experiences. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you related to, or otherwise closely associated with anyone now employed by the Henderson Library or on the Board of Trustees? If so, explain. \_\_\_\_\_  
\_\_\_\_\_

Have you served on the Henderson Library Board in the past? If so, list years of service.  
\_\_\_\_\_

State briefly your reasons for wishing to serve on the Henderson Memorial Library Board of Trustees. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Indicate what special skills, talents, interests, educational background, or experiences qualify you to serve on the Library Board. \_\_\_\_\_

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If chosen to serve on the Library Board, what would you want to accomplish during your 4 year term of office? \_\_\_\_\_

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How often do you use the services of a library? \_\_\_\_\_

Which libraries do you use? \_\_\_\_\_

Board members must be members of the association. Are you a member of the association? \_\_\_\_\_

Have you read the attached 3 sheets? \_\_\_\_\_

Signature \_\_\_\_\_



**Please return this form to:**  
Henderson Memorial Public Library  
54 East Jefferson St.  
Jefferson, OH 44047

**Attachments-**

- ✓ Policy for Selection of Board Members
- ✓ Responsibilities of Public Library Board of Trustees
- ✓ Mission and Role Statement of Henderson Memorial Public Library