



Wagnalls Memorial Foundation Board of Directors Application

Name: _____ Date: _____

Address: _____

Phone (s): _____ E-Mail Address: _____

Length of time you have been a resident in Bloom Township: _____ years

Occupational Background:

Educational Background:

Indicate what special skills, talents, interests, educational background or experiences qualify you to serve on a Foundation Committee:

- | | | |
|--|---|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Accounting | <input type="checkbox"/> Law |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Public Service | <input type="checkbox"/> Executive Experience |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Library Experience | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Business Experience | <input type="checkbox"/> Labor Relations | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Investments | | |

Are you related to , or otherwise closely associated with anyone now employed by the Wagnalls Foundation or who is currently on the Board of Directors? Yes No

What would your interests be as a Member of the Board of Directors?

What would your strengths be as a Member of the Board of Directors?

Why do you want to be a Member of the Board of Directors?

List three local residents for references:

Name: _____ Phone (s): _____

Name: _____ Phone (s): _____

Name: _____ Phone (s): _____

The Directors of the Foundation Board serve without monetary compensation.
Please return your completed application to the Patron Services Desk in the Library.
Thank You!