



LIBRARY BOARD OF TRUSTEES MEMBER APPLICATION

(360) 755-0531 or badmin@burlingtonwa.gov

New Member Contact Information

Name _____ Date _____

Home Address _____ City/St./Zip _____

Mailing Address (if different) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Employer _____ Occupation _____

Education/Volunteer Experience _____

New Member Background Information *(attach additional sheets if necessary)*

Please list your organizational affiliations that relates to this application.

What skills, knowledge and approach would you bring to the Library Board of Trustees?

Specify your main area of interest(s) and why (feel free to select more than one):

- Funding of Library _____
- Partnership Maintain/Develop _____
- Grants and Sponsorships _____
- Other (Please Specify) _____

Describe why are you seeking appointment to the Library Board of Trustees?

References not Related to Applicant

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Any Other Relevant Information

Community Service Agreement

The undersigned volunteer understands the nature and content of their duties, and in consideration of being permitted to participate in the volunteer program, agrees as follows:

1. To waive and release any and all claims for injuries or damages against the City of Burlington, it's officers, agents or employees which may arise out of, or in any way connected with the manner in which the duties are conducted; and,
2. To defend, indemnify, and hold harmless the City of Burlington, it's officers, agents and employees, from any liability for damage or claims for damage for personal injury, including death, and property damage, which may arise out of in in any way be connected with the manner in which the duties of a planning commissioner are carried out.

I authorize the City of Burlington, it's agents at the time of my application for volunteer, or anytime during my service, to verify the information contained in this application as it relates to the volunteer position. I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from continued volunteerism.

Signature: _____ Date _____

Email your New Member Application along with your Letter of Interest to badmin@burlingtonwa.gov
or drop off/mail your information to the address below:

**City of Burlington
ATTN: Mayor Steve Sexton
833 S. Spruce Street
Burlington WA 98233**

Please call (360) 755-0531 with any questions.