

Application for Friends Board of the Tuscarawas County Public Library - NP

Date: _____

The purpose of the Friends is to support the library through fundraising; advocate for the library, and participate in events as needed.

Name: _____

Address: _____

Email _____

Phone _____

Are You a Friends Member: Yes No How long? Lifetime?

Skills/Interests: Please check all that apply.

Events Finance/Accounting Fundraising Membership
 Newsletter Scholarship Other

Are you willing to hold an office? Yes No

Which office would you be interested in?

President Vice President Treasurer Secretary

Tell us about yourself and why you would like to join the Friends Board.

Availability: The Friends Board meets at the Main Library once each month.

The board is considering a new meeting time. What is your availability?

Weekday AM Weekday at Noon Weekday PM Saturdays

Are you able and willing to contribute additional time to attend committee meetings and events? Yes No

Are you willing to commit to attending 9 out of 12 board meetings? Yes No