



# APPLICATION FOR REAPPOINTMENT TO CITY OF ABILENE LIBRARY BOARD

Name of Applicant:  Address:

How many years have you resided in Dickinson County?   Registered voter?

Home Telephone:  Work Telephone:  Email:

Type of work you are employed in:

Number of previous terms served:  Dates of previous terms of service:

**Please describe why you are interested in continuing to serve on the Library Board and what expertise and/or capabilities you would bring to the Library Board if reappointed. (please use extra space on back as needed.)**

**Please describe your goals and objectives for the Library Board, if you are reappointed.**

**Please describe what you have learned from your experience serving on the Library Board, and how it will influence your continued service, if reappointed.**

**What other boards (city, county, school, hospital, etc.) or elected offices are you currently serving on? What other boards (city, county, school, hospital, etc.) or elected offices have you served on?**

**Please list any present and past community volunteer activities:**

**To the best of your knowledge, would the appointment on the Library Board create any conflicts of interest due to your employment or business endeavors? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, attach a written explanation.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Received by Administrative Assistant \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed application to:**

City of Abilene  
419 N. Broadway  
Abilene, KS 67410-0519