



## Library Board of Trustees - Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell / work): \_\_\_\_\_

Email: \_\_\_\_\_

I am a resident of (Choose one):      Galesburg (City)      Charleston Township

How often do you use the Galesburg Charleston Memorial District Library? What other libraries do you use / are you familiar with?

What do you believe is the primary purpose of a public library?

What do you feel is our library's greatest strength?

What areas would you like to see improved in the library?

In your opinion, what challenges does our library face?

**Why are you interested in becoming a member of the Board of Trustees?**

**What qualities do you feel you would bring to the Board? Please describe any experience or expertise you have that you feel would be beneficial to the Board.**

**What segment(s) of our community do you feel you represent? (Examples: Parent, business owner, retiree)**

**Please add any other information you would like to share:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Galesburg Charleston Memorial District Library Board meets on the third Tuesday of each month at 5:30 pm. Special meetings are sometimes called, and committee meetings may be held in addition to Board meetings.

For more information, please contact Helena Hayes, Library Director, at 269-665-7839.

**Thank you for your interest in service to your library and community!**

Galesburg-Charleston Memorial District Library  
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269-665-7839 • [director@gcmdl.org](mailto:director@gcmdl.org)