



City Hall

316 West Lake Street
Chisholm, MN 55719

Tel: (218)254-7900 Fax: (218)254-7955

www.ci.chisholm.mn.us

APPLICATION FOR CITY OF CHISHOLM LIBRARY BOARD

As a City of Chisholm board member, you will be encouraged to provide suggestions and feedback in relation to library operations, programming, policy, and budget oversight. Members will receive updates on library initiatives and trends, empowering them to advocate for the services and resources the library offers. The Library Board meets quarterly starting in February on the second Tuesday at 5:00 pm

Note: As an applicant for City Board or Commission, your name, address, and phone number will be available to the press and the public. You will be contacted regarding your application.

(Please Type or Print Clearly)

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____
(If retired, please indicate former occupation/career path)

Education: _____

1. Briefly explain your interest in wanting to serve on the Library Board:

2. What related experience or skillsets would you hope to contribute to this board?

3. What segments(s) of the Chisholm Community do you feel that you represent (i.e. homeschool families, retirement community, parent, small business, etc.)?

What role do you think the library plays in the community?

Please share any additional information that would support your application

Signature: _____

Please return this form to:
City of Chisholm City Hall
Attn: Susan Trunk
316 West Lake Street
Chisholm, MN. 55719

Or Email completed form to: strunk@ci.chisholm.mn.us