

ID# **ADVISORY BOARD APPLICATION***Please type or print in black ink*

TOMPKINS COUNTY PUBLIC LIBRARY
101 East Green Street
Ithaca, NY 14850
www.tepl.org
(607) 272-4557
email: mmckeon@tepl.org

Name of advisory group
TCPL Board of Trustees

Name of seat

If you are interested in serving as a member of an advisory group, please complete this form and submit it to Tompkins County Public Library. Additional information may be attached as necessary. You may be called for an interview and you may also wish to attend a meeting of the advisory group if you have not yet done so.

Name _____ Date of application _____

Address (residence) _____ Street _____ City _____ Zip Code _____
Telephone (home) _____ (work) _____ (mobile) _____ (fax) _____

E-mail address _____ Length of residence in Tompkins County _____

Occupation, experience, community affiliations _____

Education _____
schools (degrees) and specialties

Explain why you are interested in this position or what strengths would you bring to this position? _____

Diversity Factors (voluntary)

Please list any characteristics about yourself or relevant experience around diversity and inclusion that may enhance the County's efforts to appoint people of diverse backgrounds to its Advisory Boards.

Recommended by _____
If organization or municipality, include name of entity, contact person, and telephone number; if another individual(s), give name(s) and telephone number(s).

References: (1) _____
name, address, and telephone number
(2) _____
name, address, and telephone number

Office use only

Type of appointment: *new or reappointment* [Replacing: *(if new)*] _____ Term expiration date _____

Seat Title (*area or constituency represented*): _____

Municipal Recommendation on File

Nominating Committee Recommendation Received

Copied to Comm.: _____ Legislative Committee recommendation _____ Date _____

Legislature appointment date _____ Appointment letter mailed date _____