



Delmar Public Library
**Board of Commissioners
Application Form**

NAME _____

PHONE (Home) _____ (Cell) _____

ADDRESS _____

YEARS LIVED IN DELMAR _____ Applicant must be a resident of the Delmar
Delaware School District

EDUCATION

HIGH SCHOOL _____ **GRADUATED** _____

COLLEGE _____ **DEGREE** _____

OTHER _____

EMPLOYMENT

CURRENT EMPLOYER _____

ADDRESS _____

PROFESSIONAL MEMBERSHIPS & AFFILIATIONS

COMMUNITY ACTIVITIES



Delmar Public Library

Board of Commissioners
Application Form - *continued*

**WHY WOULD YOU LIKE TO SERVE ON THE DELMAR PUBLIC LIBRARY
COMMISSION?**

I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected; and if I am appointed, my appointment may be terminated.

Applicant's Signature

Date