Delmar Public Library Commission, Inc.
101 North Bi-State Blvd.
Delmar, DE 19940
302-846-9894

DELMAR PUBLIC LIBRARY COMMISSION APPLICATION FORM

NAME:_____

ADDRESS:_____

PHONE (Home)_____ (Cell)_____

EMAIL:_____

POSITION APPLICATION:

_____VOTING COMMISSIONER
Must be 18 years old and a resident of the Delmar (Delaware) School District.

_____MARYLAND ADVISORY REPRESENTATIVE
Must be 18 years old and a resident of the Delmar (Maryland) School District.
This is an advisory, non-voting position.

YEARS LIVED IN DELMAR:_____

EDUCATION:

HIGH SCHOOL:_____ YEAR GRADUATED:_____

COLLEGE:_____ YEAR GRADUATED:_____

OTHER:_____ YEAR GRADUATED:_____

EMPLOYMENT:

CURRENT EMPLOYER:_____

ADDRESS/PHONE:_____

Delmar Public Library Commission Application Form

PROFESSIONAL MEMBERSHIPS AND AFFILIATIONS:

_____

_____

_____

COMMUNITY ACTIVITIES:

_____

_____

_____

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

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I certify that all the information submitted 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.

_____ Date:_____

Applicant's Signature

Adopted: November 1998
Revised: March 25, 2011
Revised: July 22, 2025