

**Applications must be received in the City Manager's Office, 811
W. Laurel St., Independence, KS 67301 or by Email at
KellyP@IndependenceKs.gov on or before April 19, 2018**

APPLICATION

Library Board of Trustees City of Independence, Kansas

Date _____

Name _____

Address _____

Phone Number _____

Email Address _____

Educational Background:

Name of School and Location	Dates	Diploma	Major	Minor

Please respond to the following questions: (If needed, use back of page)

1. Do you reside inside the corporate limits of the City of Independence? Yes _____
No _____

2. What experiences have you had that you feel would assist you as a board member?

3. Why do you want to become a member of the board?

4. Do you feel that there are any issues needing immediate attention by the board? If so, please explain.

5. Other comments: