

Hillsborough Public Library Advisory Board
Application for Membership

Name _____ Date _____

Address _____

Telephone _____ email _____

Educational Background _____

Work History (or attach resume) _____

Library Board Experience _____

Volunteer Experience _____

Do you use the Hillsborough Library? _____

If yes to the above, what library facilities/services do you use? _____

Interests and Hobbies _____

Why do you want to serve on the Advisory Board _____

Note: Vacancies on the Library Advisory Board occur periodically and are filled from applicants on file. Applications remain active for two years from the date of their submission. Please return the completed form to:

Hillsborough Public Library
c/o Nominating Committee
379 South Branch Rd.
Hillsborough, NJ 08844

Contact:
Maggie Gagliardi, Nominating Committee Chair at maggiegagliardi@gmail.com