Library 210 South Broa	dway St • Medina, Ohio 4425	 6 • 330-72	22-6235	• mcdl.in	fo		
Applicants must reside in Medina County.			Date				
	PERSONAL DA	TA					
Last Name	First		M	iddle			
					e		
City, State, Zip							
Email							
	EDUCATION						
High School			No	GED:	Yes	No	
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Address City, State, Zip Position held Responsibilities and duties Name of Employer				Dates: From			
Address City, State, Zip Position held Responsibilities and duties Name of Employer Address				Dates: From Hours/V Dates:	To		
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Do you have a Medina County District Library card?	Yes	No					
How long have you lived in Medina County?		······					
Are you related to, or otherwise closely associated with anyone now employed by Medina County							
District Library or the Board of Trustees?	Yes	No					
If so, please give person's name:							

Please list membership in community or professional organizations, volunteer work, and any participation in civic activities.

Why do you wish to serve on the Board of Trustees of the Medina County District Library?

What special skills, talents, interests, educational background or experiences qualify you to serve on the Board of Trustees?

Please describe your view of the Library's role in the community.

Mission Statement

Medina County District Library enriches life in our communities with outstanding and innovative library services for all.