



LIBRARY FOUNDATION APPLICATION FORM

The Foundation Directors are responsible for raising and managing monies for the betterment of the Library and are appointed by the Library Board.

Name: _____ Mr. Ms.
Miss Mrs. Date: _____

_____ Address (Street/Apt No.) _____ City/Province _____ Postal Code

Contact

Numbers: _____ Home _____ Office _____ Mobile _____

E-Mail Address

Please provide two personal references who can speak to the knowledge, experience or potential you could bring to the Library Foundation Board.

Reference Name: _____ Contact Number: _____

Reference Name: _____ Contact Number: _____

All successful applicants will be subject to a criminal background check.

Please explain why you wish to serve on the West Vancouver Memorial Library Foundation *(attach document if needed)*

Please send your completed application form and resume to the Library Foundation by mail, email (foundation@westvanlibrary.ca) or deliver in person.