Elroy Community Library 13512 FM 812 Del Valle, TX 78617 PH: 512-243-1981

FX: 512-243-1981



Garfield Library 5121 Albert Brown Dr. Del Valle, TX 78617 PH: 512-247-7371

FX: 512-247-3958

LIBRARY BOARD of TRUSTEES APPLICATION

The East Travis Gateway Library District (ETGLD) Board of Trustees (Board) is composed of five (5) members for a term of two (2) years. A board member may be appointed to fill a partial term that has been vacated between elections. Board members must be residents of the Library District (voters in Travis County polling areas: 401, 402, 403, 404 & 405). Maps of the District's exact boundaries are located at each of the district's library locations. The Board meets at least once a month (currently the third Tuesday) with Special meetings being called as needed.

If you are interested in serving your community on the Board of Trustees, you should be aware of the following criteria which will be used to evaluate candidates for the open position. A Board member must:

- Be genuinely interested in public libraries and understand their importance in meeting the educational, recreational, and informational needs of the community
- Understand the local community and its social and cultural needs, and be willing to represent the District
- Be a registered voter and resident of the District
- Ensure compliance and maintain transparency with the laws governing the use of public funds
- Commit the time necessary
 - a. To attend Board meetings or functions
 - b. To become knowledgeable about public library issues
 - c. To serve as an officer and/or on committees
 - d. To complete TX Open Meeting training

Please complete page 2 and submit to either library location or mail to:

East Travis Gateway Library District Attn: Board of Trustees 13512 FM 812 Elroy Community Library 13512 FM 812 Del Valle, TX 78617

PH: 512-243-1981 FX: 512-243-9881



Garfield Library 5121 Albert Brown Dr. Del Valle, TX 78617 PH: 512-247-7371

FX: 512-247-3958

LIBRARY BOARD of TRUSTEES APPLICATION

Name:	··
Reside	ential Address:
City: _	Zip Code:
Home	Phone: () Cell Phone: ()
Email:	
1.	Resident at the above address (or within ETGLD boundaries) for years.
2.	Registered voter? () Yes () No (in Travis County polling areas 401, 402, 403, 404, 405)
3.	Why are you interested in serving on the Library Board of Trustee? (attach additional pages as needed)
4.	Do you have any previous Board service, leadership or volunteer experience? () Yes () No If yes, please describe or list relevant experience.
5.	What experiences or expertise can you offer other than above? (attach additional pages as needed)
6.	Please provide any additional information you would like to share to the current Board in considering your application. You may provide other information, such as personal reference cresume, but these are not required at this time. (attach additional pages as needed)
	ning this application, I hereby affirm that I am aware of the requirements for the position of D Board of Trustees and certify that I meet those requirements.
Signat	ure: Date :
Office Receiv	use ved by: Date: