



Delmar Public Library  
**Board of Commissioners  
Application Form**

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**NAME** \_\_\_\_\_

**PHONE** (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**YEARS LIVED IN DELMAR** \_\_\_\_\_ Applicant must be a resident of the Delmar  
Delaware School District

**EDUCATION**

**HIGH SCHOOL** \_\_\_\_\_ **GRADUATED** \_\_\_\_\_

**COLLEGE** \_\_\_\_\_ **DEGREE** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**EMPLOYMENT**

**CURRENT EMPLOYER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PROFESSIONAL MEMBERSHIPS & AFFILIATIONS**

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**COMMUNITY ACTIVITIES**

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Delmar Public Library

**Board of Commissioners**  
**Application Form - *continued***

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**WHY WOULD YOU LIKE TO SERVE ON THE DELMAR PUBLIC LIBRARY COMMISSION?**

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I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected; and if I am appointed, my appointment may be terminated.

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Applicant's Signature

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Date