

APPLICATION TO SERVE ON THE SCHERTZ LIBRARY FOUNDATION

Please type or print clearly

Please return this application to the library, 798 Schertz Parkway, Schertz Texas 78154

Name: _____

Home phone: (Include area code) _____ Work phone: (Include area code) _____

Mobile number: (Include area code) _____

Physical address: _____

(Street, City, State, Zip)

Mailing address: (If different from above) _____

(Street, City, State, Zip)

Email address(es): _____

Do you live in the corporate limits of the City of Schertz? Yes No

Are you 18 years or older? Yes NO

The Foundation meets one Wednesday afternoon each month. Would you be available to attend the meetings? Yes No

Do you consent to the City conducting a background check on you? Yes No

Current/past occupations or areas of expertise:

Professional and/or community activities:

Additional pertinent information/references:

Why do you want to serve on the Schertz Library Foundation?

The information on this Application is true and correct.

Signature

Date

