

## Collections Committee Member Application

		Nominating	Indivi	dual's	s Inforn	nation (if ap	plicable	)	
Full Name:	Last		First	<u>*</u>			M.I.	Date:	
Address:	Street Address							Apartme	nt/Unit #
	City						State	ZIP Cod	<del></del>
Phone:					Email_				
Do you have the permission of the individual nominated? Yes ☐ No ☐									
		Nom	inee o	r App	olicant's	s Informatio	on		
Full Name:						Date:			
	Last		First	t .			M.I.		
Address:	Street Address							Apartme	nt/Unit #
	City						State	ZIP Cod	e
Phone: Email									
Preferred communication		Phone			Email 🗌		Text □		
Position App	olying for:								
Area of expertise Local History representing (select one):		Agricultural History		History	Education	Art □	Museums	At-Large	
Have you served on a committee before?				NO		s, which nmittee?			
Have you ever been associated with a cultural or history organization?			YES	NO		If yes, which organization?			

Please attach a resume with educational, professional or volunteer experience that is relevant to the position.

Please answer the following questions:							
Why are you interested in serving on the committee?							
How does your background, education or work experie (Local history, Agricultural History, Education, Art, Mus							
What contribution would you like to make to the comm	ittee?						
What past contributions have you made to similar com	mittees or organizations?						
What skills, perspectives, abilities or knowledge will yo	ou bring to the committee?						
Additional	Information						
Is there anything else you would like share regarding y							
Disclaimer	and Cianature						
	and Signature						
consent to the collection of my personal information for t publicly when reporting committee information and gene							
Signature:	Date:						