NAME: $\qquad$ PHONE: $\qquad$ EMAIL:
$\qquad$ ADDRESS:

CITY: $\qquad$ ZIP: $\qquad$

## ARE YOU CURRENTLY A BOOKMARKS MEMBER: $\rangle$ YES $\rangle$ NO

If not, we invite you to join us! Visit https:/MarionOHBookMarks.org/join-us for more information.

## INTERESTS + SKILLS

Please check any and all interests or skills you have that you'd be willing to utilize as a BookMarks Board Member:

| Fundraising | Promoting Social Media |
| :--- | :--- |
| Event Planning | Content |
| Financial Experience (ie. | Retail Experience |
| 990s, sales tax reports, | Volunteer Management |
| maintaining bank | Running Membership |
| records and budgets) | Drives |
| Using Google Docs | Writing (ie. newsletters, |
| Photography | emails, press releases, |
| Creating Social Media | letters) |
| Content | Robert's Rules of Order |

Nonprofit
Development
Budgeting
Reading
Other:
$\qquad$
Other:
$\qquad$
Other:
$\qquad$

In 1-2 sentences, what does the Marion Public Library mean to you?

Yes, I can commit to 1 hour monthly meetings and an additional 1-3 hrs/month of my time for committee work, events, or projects for the BookMarks.
Yes, I will complete the required background check to be a member of the Board.

