## Stoughton Public Library Student Trustee Library Board Member Application



Deadline: April 11, 2025

All high school students (sophomores or juniors preferred) with current Stoughton Public library cards in good standing are invited to apply to be a Student Trustee advisory member of the Stoughton Public Library Board. Applicants will be invited to interview, and selection will be chosen from those candidates.

The Student Trustee will serve during the academic year. The term will run from September 1 – May 31, with the option to begin serving on June 1. Please see the Student Trustee Position Description for more information.

| Name:   | Age:                                |
|---|-------------------------------------|
| Library Card Number:  | Phone:                              |
| Address:  |                                     |
|   |                                     |
| Email:  |                                     |
| School Attending:   |                                     |
| GPA last Quarter or Semester:   |                                     |
| How frequently do you use the Stoughton Public Library?                           |                                     |
| List any awards you have received:  |                                     |
| List any extracurricular activities (including school and con sports or hobbies): | nmunity groups/clubs/organizations, |
| List any community service interests and/or projects:                             |                                     |
| What do you feel is a strong program or service that the Li                       | ibrary currently offers?            |
| Why do you want to serve on the Library Board?                                    |                                     |

| What do you hope to gain from the experience?   |   |                        |  |
|---|---|------------------------|--|
| Please provide two references who are not family members and who can attest to your communication skills and dedication to community service.                     |   |                        |  |
| Reference 1 Name:   |   |                        |  |
| Relationship:   |   |                        |  |
| Address:  |   |                        |  |
| Phone: E  | Email:                                  |                        |  |
| Reference 2 Name:   |   |                        |  |
| Relationship:   |   |                        |  |
| Address:  |   |                        |  |
| Phone: E  | Email:                                  |                        |  |
| The Stoughton Public Library Board of Trustees reserves the right to terminate the position because of more than two unexcused absences or inappropriate conduct. |   |                        |  |
| Please email your application to jrar S. Fourth St. Stoughton, WI 53589.  | msey@stolib.org or mail it to: Stoughto | on Public Library, 304 |  |
| I understand the terms of the position employee or Library Board member   | on. I am not related to any Stoughton I | Public Library         |  |
| Applicant's Signature:  |   | Date:                  |  |
| Parent or Guardian signature (If under 18)  |   |                        |  |
|   | Date:                                   |                        |  |

What do you feel you can contribute to the Library Board?