

Board/Commission/Committee Volunteer Application

Applicant Information

Please check which board / commission / committee you'd like to volunteer with:

Winooski Memorial Library Committee

Today's Date 6/16/2022

First Name Lauren

Middle Name Nolan

Last Name Read

Preferred Name and/or Prounouns she/her/hers

Phone Number 8023101565

Email laurenread12@gmail.com

Address 41 W CENTER ST, APT H

City WINOOSKI

State VT

Zip Code 05404

Why are you interested in serving our community? List experience, history, and qualifications pertinent to the position you are applying for.

I love the Winooski Library and all it has provided for me since I moved to Winooski eight years ago. I want to help the Library continue that work going forward for all members of the community. I am an active participant in the Library's book club and regularly use its services so I am familiar with what people want and need out of the space.

What is your relationship with Winooski? Are you a resident, business owner, or student?

I am a resident.

Agreement

I understand and agree that submitting this application form does not qualify as automatic registration and that certain qualifications must be met (including the acceptance of established policies and procedures provided by the organization of interest). By submitting this form, I attest that the information I have provided on the form is true and accurate. Signature Date

By clicking yes, I hereby attest that all information provided by me is true and correct to the best of my knowledge.

Yes

Full Name Lauren Nolan Read

Today's Date 6/16/2022
