



# Reed Memorial Library FOUNDATION

126 East Main Street, Ravenna, OH 44266 | www.reedlibrary.org/foundation

## Please print

Last Name	First Name	Middle Initial	Today's Date
Street address			Home Phone
City, State, Zip			Business Phone
E-mail address			Cell Phone

## Educational Record

	NAME OF SCHOOL	COURSE OF STUDY	YEARS ATTENDED		YEARS COMPLETED			
			From	To	1	2	3	4
High School								
College								
Other (Specify)								

## Employment Record

Name of employer	From: Month ____ Year ____	Position held
Address (City & State)	To: Month ____ Year ____	Responsibilities
Name of employer	From: Month ____ Year ____	Position held
Address (City & State)	To: Month ____ Year ____	Responsibilities
Name of employer	From: Month ____ Year ____	Position held
Address (City & State)	To: Month ____ Year ____	Responsibilities

Hobbies and interests

Community Activities

Please explain why you are interested in becoming a member of the Foundation board of trustees. (Use the back of this application if needed.)

I verify that all information on this application is correct.

Signature

Date