CHELMSFORD PUBLIC LIBRARY

Chelmsford Public Library
Student Associate Board Member Application

Deadline: October 31, 2025

High school students (juniors preferred) with a current Chelmsford Public Library card are invited to apply to be a Student Representative of the Chelmsford Public Library Trustee Board. Applicants will be invited to interview, and selection will be chosen from those candidates.

The Student Representative member's term will run from the point of selection through that academic year, over the summer if desired, with the possibility of continuing during senior year.

Please see the Student Representative Description for more information.

Name: _____ Age: _____

Library Card Number (if known): _____

Phone: _____

Address: _____

_____

Email: _____

School Attending: _____

Year in School as of September 2025: _____

List any awards you have received:

List any extracurricular activities (including school and community groups/clubs/ organizations, community services projects, sports or hobbies):

What do you feel is a strong program or service that the Library currently offers?

Why do you want to serve on the Library Board?

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

What do you hope to gain from the experience?

Is there anything else you wish to share with the Board?

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: _____ Email: _____

Reference 2

Name: _____

Relationship: _____

Address: _____

Phone: _____ Email: _____

The Chelmsford 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 trustees@chelmsfordlibrary.org or mail it to:
Chelmsford Public Library, 25 Boston Road, Chelmsford, MA. % Board of Trustees

I understand the terms of the position.
Applicant's Signature: _____ Date: _____
Parent or Guardian Signature (If under 18): _____
Date: _____