BOARD OF TRUSTEES

VACANCY

NAME:		
ADDRESS:		
	House Number **Street Name**	**P.O. Box**
PHONE 1:		☐ **Land Line** ☐ **Cell Phone**
	Area Code and Phone Number	
PHONE 2:		☐ **Land Line** ☐ **Cell Phone**
	Area Code and Phone Number	
E-Mail:		

☐	Yes, I am interested in filling the vacancy on the Board of Trustees.
☐	Yes, I plan to run for the vacant seat at the next election (not required).
☐	Yes, I will commit to completing the required online training.
☐	Yes, I would be willing to submit to a drug test.

Occupation:

Qualifications:

Comments:

SIGNATURE	**DATE**

APPLICANTS MUST BE A RESIDENT OF THE VILLAGE OF MAPLE PARK FOR AT LEAST ONE YEAR