

Ellis County Historical Society

Board of Trustees Application

NAME: _____

ADDRESS: _____ HOME PHONE: _____

_____ CELL PHONE: _____

CITY: _____ EMAIL: _____

STATE: _____ ZIP CODE: _____

Do you live the boundaries of Ellis County? _____

What is your interest/objective in serving on the ECHS Board of Trustees?

What is your education background? _____

Do you have experience working with a Board of Directors (term of office, office held, duties)? _____

Please describe what knowledge, skills, or experience you have that would assist you in your duties as a ECHS Trustee: _____

Where are you currently employed? _____

Briefly explain why you would like to serve on the ECHS Board of Trustees:

Applicant Signature _____ Date _____