

## Application Form

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### Profile

Cynthia

First Name

R

Middle  
Initial

Wright

Last Name

kwright8@comcast.net

Email Address

6 Laurel Leaf Drive

Home Address

Suite or Apt

GALES FERRY

City

CT

State

06335

Postal Code

Mobile: (860) 912-9378

Primary Phone

Alternate Phone

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### Which Boards would you like to apply for?

Library Commission: Submitted

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### Education & Experiences

Please tell us about yourself and why you want to serve.

#### Why are you interested in serving on a board or commission?

Since I retired, I have been looking for a way to get involved in Ledyard. I was a librarian for 35 years and worked for a military contractor, a law firm, a college and public libraries. My most recent experience was 27 years at the Groton Public Library. I think my background in libraries would be an asset to the Library Commission.

#### Community Involvement

I was involved in Cub Scout Pack 55 as the treasurer. for three years. I also served as the treasurer for the Ledyard Wrestling boosters. I was a room mother in various grades at the Gales Ferry School and Juliet Long School. I have been a member of Our Lady of Lourdes parish for 33 years.

#### Educational Background

Bachelor of Arts in History from Bridgewater State College (now University) Master of Library Science from the University of Rhode Island Master of Public Administration from the University of Rhode Island

Groton Public Library  
(retired)

Employer

Manager of Technical  
Services and Circulation

Job Title

[Cindy\\_resume.pdf](#)

Upload a Resume

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**Party Affiliation****Party Affiliation \***

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Democrat

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**Disclaimer & FOIA Information**

Your attendance and active participation is important for the Committee to conduct its business. Any member of a Committee/Commission/Board who is absent from three (3) consecutive regular meetings and any intervening duly called special meetings shall be considered to have resigned from the Committee and the vacancy shall be filled, except that the Committee may vote to waive attendance requirements in each case where illness or other extenuating circumstances make it impossible for a member to meet the attendance requirements. It shall be the responsibility of the Chairman of the Committee to notify the Town Council or Mayor's office when a member has not properly performed his/her duties.

**Please Agree with the Following Statement**

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**If selected as a board member, I understand that information on this application is subject to the Freedom of Information Act (FOIA) and may be disclosed to anyone requesting this information.**

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I Agree

**Signature (type full name below)**

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Cynthia R. Wright