

Volunteer Committee Application for Board Appointment

Thank you for your interest in serving on an advisory committee for Josephine Community Library District. Please submit your application to Josephine Community Library District, 200 NW C Street, Grants Pass, OR 97526. Or, email to info@josephinelibrary.org. For more information, call 541-476-0571. The Board of Directors will review your application and inform you of the result.

CONTACT INFORMATION

Name _____
Last First Middle Initial

Home Address _____
Street City State Zip

Mailing Address _____
(if different) Street City State Zip

Home Phone (____) _____ Cell/Message Phone (____) _____

Email Address _____

COMMITTEE INFORMATION

For which committee are you applying to serve? _____

Do you live within the library district boundaries? (Members of the Budget Committee must be a registered voter who resides within library district boundaries.) Yes No Don't know

When can you start serving? _____

How many hours per month would you be available for committee work? _____

Which days of the week are you available? _____

What time of day is best for you for meetings? _____

SKILLS AND EXPERIENCE

Occupation _____ Employer _____

Why would you like to serve on this committee?

(over)

What skills and experience do you have with the work of this committee?

What experience do you have with libraries?

What other community organizations have you been involved with, and in what capacity?

Are you currently involved with our libraries? If yes, check all that apply:

- Library cardholder
- Donor
- Business sponsor
- Volunteer
- Other _____

Please write a short bio summarizing your education, professional, and community background that isn't already covered in the questions above. You may attach a resume instead.

POTENTIAL CONFLICTS OF INTEREST

Do you know of any circumstances that would create a potential conflict of interest that would result in your needing to abstain from committee work? **Yes** **No** If you checked Yes, please explain:

AGREEMENT

All statements and information provided in this application are true to the best of my knowledge.

I hereby authorize Josephine Community Library District to review my driving record as well as criminal history. My birth date is _____. The board may request additional information to complete the background check.

Signature (must be an original signature in blue or black ink)

Date (month/day/year)