



Christian County Missouri Application

Library Board of Trustees Christian County Missouri

Name: _____

Address: _____

Occupation/Profession: _____

Phone: _____ Email: _____

I have been a resident of Christian County since: _____

I am a registered voter Yes: _____ No: _____ Township: _____

Are you an employee of a political subdivision in Missouri? _____

Are you currently serving on any Boards or Commissions? _____

Please list _____

Would serving on the Library Board of Trustees have any conflict with your current

occupation? _____

Are you related to any library staff by either blood or marriage? If so explain _____

Please describe past Boards and Commissions in which you have served and how that experience can benefit the Library Board of Trustees:_____

Please share any personal and professional contributions you have made to our community:_____

Please explain why you are interested in becoming a library trustee:_____

What do you see as the library's role in the future?_____

Please discuss briefly the goals and directions that should be important to this Board:

Please give an example of something you feel the library does very well:_____

Please give an example of something the library could improve upon:_____

Please describe what skills you could provide if you are chosen to serve on this board:

Please indicate which areas your knowledge would be of benefit to the library board:

Finance Personnel Long Range Planning
 Legal Technology Building Programs
 Public Relations Management Governmental Relations
 Grant Writing Other _____

By submitting this form, I acknowledge that this form will become a public record of Christian County Missouri and that the contents of this form could be made public upon request via the Missouri Sunshine law. I also attest that all answers to the questions are factual and any misrepresentations on my behalf would constitute my application void and I would be removed from consideration. I also acknowledge that I will be required to agree to a background check as a condition for consideration.

Printed Name _____

Signature _____

Date _____

Return completed applications (in person or by mail) to the Christian County Commission Office located at 100 W Church St, Room 100, Ozark, MO 65721.