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.