

## APPLICATION FOR CITY OF JOSEPH POSITION FOR THE GOVERNING BODY OF THE JOSEPH CITY LIBRARY

Name:		
First	Middle	Last
Mailing Address:		
Physical Address:		
Years of Residency and Dates	s:	
Email Address:		
Phone Number:		
Occupation(s):		
Registered Voter: [] yes	[] no	
Why would you like to be on the	he Governing Body of	the Joseph City Library?
Have you ever served on any [] yes [] no	governing bodies or l	poards in the past, library or otherwise?
If yes, what position did you h	old and what were yo	ur responsibilities?
Signature		<del>_</del>

Please return your completed application to: Joseph City Hall, PO BOX 15, 201 North Main Street, P.O. Box 15, Joseph, OR 97846.

## **INTERVIEW QUESTIONS:**

What skills and interests qualify you for the position of being on the Governing Body of the City of Joseph Library?		
Describe your knowledge of library management and or related management practices.		
Describe your knowledge of ordinances and statutes that govern public libraries in the State of Oregon.		
Describe the values and practices that in your opinion make a library great!		

Use additional pages as necessary