

JCLD Board Member Application

Term: July 2024 – June 2025

Thank you for your interest in serving on the Jackson County Library District Board. 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 di	fferent)				
Street	City	State	Zip		
Home Phone ()		Cell/Message Pl	none ()	
Email Address					
Are you a resident of .	Jackson County?	Are you a	registered	d voter?	
The Board currently re times are set in July b	•	•		• •	egular meeting
Are you available at th	nat time?	-			
Why do you want to s	erve on the Jackson	County Library Distr	ict Board	?	
What skills and experi	ence do you have th	nat will enhance the	Board?		
What experience do y	ou have with librarie	es?			

In your opinion, what is the most im	portant role of a board member?		
What other community organization	ns have you been involved with, and in what capacity?		
Are you currently involved with our	libraries? If yes, check all that apply:		
Library cardholder	Friend		
Donor	Volunteer		
Other			
	ng your education, professional, and community background that as above. You may attach a resume instead.		
POTENTIAL CONFLICTS OF INTERES	Т		
Do you know of any circumstances	that would create a potential conflict of interest that would		
result in your needing to abstain fro	om Board work? Yes No If you checked Yes, please explain:		
AGREEMENT			
All statements and information pro	vided in this application are true to the best of my knowledge.		
Please submit your application to:			
	Jackson County Library District Attn: Library Director		
	205 S Central Ave. Medford, OR 97504		
	Or email to:		
	Kari May, Library Director director@jcls.org		
	an cotor @ postor g		

Application Deadline: Friday, May 10 at 5:00 p.m.