



Baker County Library District

Board Member Application - Appointment to Fill Vacant Position

Unexpired appointed term: _____ through June _____

Please complete all fields. Brief answers are welcome; attach a resume, references or supplemental materials if helpful.

Applicant Information

Full legal name:

Date:

Mailing address:

Physical address, if different:

Phone:

Email:

Preferred contact method:

Occupation / affiliation (optional):

Eligibility, Commitment, and Disclosures

- Yes No I live within the Baker County Library District service area.
- Yes No I can attend regular board meetings and prepare in advance by reviewing packet materials.
- Yes No I understand board service includes public meetings, policy oversight, budget oversight, respectful collaboration, and may be subject to public records and ethics requirements.
- Yes No I am including a resume or supplemental materials with this application.
- Yes No If selected as a finalist, I authorize the District to conduct a criminal background check.

Potential conflicts of interest, other current public offices, or relationships with the District, if any:

Applicant Questions

1. Why are you interested in serving on the Baker County Library District Board?

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2. What experience, skills, or community involvement would help you serve effectively?

3. In your opinion, what does “good Board governance” look like?

4. What library or community needs would you like to help the Board focus on during your term?

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5. If a community member contacted you with a concern that certain materials in the children’s collection were inappropriate because of their themes or viewpoints, how would you respond in your role as a Board member?

6. Please indicate your level of agreement with the following principles commonly associated with public library service:

Statement	Strongly disagree	Disagree	Neutral / unsure	Agree	Strongly agree
Individuals should be trusted to make their own decisions about what to read.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A parent or guardian may guide reading choices for their own child, but one family should not decide what is available to other families’ children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please explain any “Strongly disagree,” “Disagree,” or “Neutral / unsure” response above.

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8. At the end of your term of service, what would you hope to have contributed to the Library District?

References (optional)

Name	Relationship	Phone / Email	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification

I certify that the information provided is true and complete to the best of my knowledge. I understand this appointment is part of a public process and that application materials may be subject to public disclosure as required by law.

Signature

Date

Submit application to:

Perry Stokes, Library Director | director@bakerlib.org | Baker County Library District, 2400 Resort St, Baker City, OR 97814

For District use only: Date received _____ Initials _____ Board action/date _____