

STATEMENT OF INTEREST AND BACKGROUND FOR APPOINTMENT TO BOARD/COMMISSION FOR
CITY OF ESTACADA

DATE: _____

BOARD/COMMISSION APPLIED FOR: _____

NAME (Last, first, middle): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE (work & home): _____

EMAIL ADDRESS: _____

IF THE ABOVE ADDRESS IS IN THE CITY LIMITS, HOW LONG HAVE YOU LIVED THERE?

PRESENT OCCUPATION: _____

RELEVANT BACKGROUND AND EXPERIENCE (Attach additional information if
necessary): _____

**ON THE BACK OF THIS SHEET OR ATTACH ANOTHER SHEET, PLEASE TELL US WHY YOU WOULD LIKE TO BE
APPOINTED TO THIS BOARD OR COMMISSION.**

PLEASE SIGN AND DATE YOUR APPLICATION

RETURN THIS FORM TO:

City Recorder, City of Estacada
PO Box 958, Estacada, OR 97023

Estacada Library
Board of Trustees
Application

Please complete this application to be considered for appointment to the Library Board.

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ E-mail address: _____

Library Trustee Term applied for: _____

Do you know the Library Board meets monthly?

Do you understand that the Library Board sets policies?

Have you visited the Library lately? When?

Have you read the Library Bylaws and Policies?

(available on the Library Web site www.estacada.lib.or.us under the "About Us" tab)

Why do you want to be a member of the Estacada Library Board?

What strengths would you bring to the Board if appointed? (use the other side or another sheet if needed)