

Application for Appointment CCRLS Advisory Council

Complete this application for consideration for appointment to the Chemeketa Cooperative Regional Library Service [CCRLS] Advisory Council. All questions should be answered completely. Return the completed application to CCRLS, PO Box 14007, Salem, Oregon 97309-7070. For more information, please call 503-399-5165.

Name _____ Phone _____

Address _____

City _____ Zip _____ County _____ E-Mail _____

In the space provided (and on additional sheets if needed), please indicate your experience working with advisory committees, governing boards, etc.

Committee Name	From	To	City/Area
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate how your past experiences and services to the local community relate to your appointment to the CCRLS Advisory Council. Use additional sheets, if needed, for your response.



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Why are you interested in being considered for an appointment to the CCRLS Council?

Can you commit to attending the majority of 5 to 6 meetings from September to May? _____

I am interested in being considered for a position on the CCRLS Advisory Council representing my area regarding CCRLS services.

Signature of Applicant

Date

Please return completed application to:

Jennifer Badzinski
Chemeketa Cooperative Regional Library Service
PO Box 14007
Salem, OR 97309-7070