Library Council of Washington

**Application Form**



The mission of the Library Council of Washington (LCW) is to help all Washington library users access services, information, and resources. Our 15 members represent all different types of libraries and library users. We meet in person two to four times a year. LCW acts as a catalyst for dealing successfully with library-related issues of statewide concern, and advises the State Librarian and the Office of the Secretary of State on statewide library issues and the expenditure of federal funds. Members serve a three-year term.

Members may include library employees, volunteers, trustees, foundation board members, advocates, consultants, or educators. We seek new members that are active and knowledgeable, have great communication skills, and can advocate for all libraries while representing a specific interest group’s views as well. If you want to help shape our libraries, have at least three years’ experience working in a library in Washington State, please send a copy of this application and a copy of your resume.

**Current Vacancies**

* Public libraries, serving over 100.000
* Technology, Library applications
* Rural libraries
* School libraries, prefer secondary or ESD, eastern side of state

**Personal information**

Name:

Address:

Phone number:

E-mail address:

Which vacancy are you applying for?

Please complete, sign, and return the application by 10/31/2018.

Maura Walsh

Washington State Library

PO Box 42460

Olympia WA 98504-2460

Questions? Maura.walsh@sos.wa.gov or 360 704 5246

**Questions**

Please answer the following questions giving special weight to how you will represent the position you want. Attach additional pages if necessary

1. Why are you interested in serving on the Library Council of Washington?

1. Please state how you meet the Criteria for Membership for this position.
2. What areas of knowledge and special expertise would you bring to the work of the Library Council of Washington? What other roles or contributions have you undertaken that would enhance your effectiveness as a member of the Library Council?
3. Describe your philosophy of service to the library community.

1. What other activities or organizational commitments do you currently have?

1. How do you expect to communicate with the constituent communities that you would represent?
2. Is there anything else you would like us to consider while evaluating your application?
3. Is this application the result of a nomination by an organization? 0 Yes 0 No

If yes, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that appointment to the Library Council of Washington is for the term described above. I have the approval of my institution for participation on the Council. I agree to attend the meetings of the Council for the duration of the term.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t forget to attach a current resume.