



**CITY OF MAPLE VALLEY  
COMMUNITY SERVICES APPLICATION**

**LIBRARY ADVISORY BOARD**

*(Please print or type)*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**NOTICE**  
Each applicant will be interviewed in public by City Council prior to the Council meeting

**\*Select which the following apply (you may select more than one if applicable).**

- I am a resident of the City of Maple Valley                       I reside within the Maple Valley Library District
- I own, operate or am employed by a business located within the Maple Valley Service Area (as defined by the King County Library System
- I attend Junior High School or Senior High School, and I am a resident of the City of Maple Valley (youth-at-large position)

**\*What position are you applying to fill, a voting or non-voting position?**

- Voting (member)                       Non-Voting (alternate or youth-at-large)

**Please answer the following questions:**

1. List your educational background.
  
  
  
  
  
  
  
  
  
  
2. Please state your occupational background, beginning with your current occupation and employer (may attach resume).



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3. What other special expertise do you have which would be applicable to the Library Advisory Board?

4. Describe your involvement in the Maple Valley community (current or past involvement).

5. Please explain why you are interested in serving in this volunteer position.

6. What do you see the role of the Library Advisory Board playing in the City of Maple Valley?

7. What do you consider to be a "successful" Library for the City of Maple Valley?



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**Attendance & Training Requirements**

**Appointments to this board will require your consistent attendance at regularly scheduled meetings. Are you able to meet this requirement?**

Daytime meetings (a check indicates yes)     Evening meetings (a check indicates yes)

***Appointment to this board will require you complete Open Public Meetings Act and Public Records Act training within the first 30 days following appointment. Are you able to meet this requirement?***     (a check indicates yes)

**Please return this application by the deadline, by mail, to:**

**City of Maple Valley  
Attention: City Clerk  
P. O. Box 320  
Maple Valley, WA 98038  
Phone: 425-413-8800  
Fax: 425-413-4282**