



The Board of Library Trustees consists of five (5) members who advise the City Council and staff on Library matters. All applicants are strongly encouraged to review the webpage and current work plan of the Board of Library Trustees to understand the scope of work and expected commitment. For any questions about this Board of Library Trustees, please email LB@mountainview.gov. Meeting information can be found on the City's website. Members of boards, commissions, and committees shall serve on only one body at a time.

Name: \_\_\_\_\_  
First Last

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Residential Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: (if appointed, this will be on a public roster) \_\_\_\_\_

Occupation: \_\_\_\_\_ Present Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you a resident of the City of Mountain View?  Yes  No If yes, years as resident: \_\_\_\_\_

Are you an employee of the City of Mountain View?  Yes  No

Are you registered to vote in the City of Mountain View?  Yes  No

Are you aware of any person or professional conflicts that may prohibit you from participating in discussion of any subject matter that may be considered by the Board?  Yes  No

Applicants are strongly encouraged to attend at least one meeting of the Board before applying. Have you already attended a meeting?  Yes  No

Number of meetings attended:  < 5  > 5  Observed Only  Participated  Previously Appointed

Please provide your answers to the questions listed on the following page, read, sign, and date the agreement on the last page, and submit your completed application to:

Email: [city.clerk@mountainview.gov](mailto:city.clerk@mountainview.gov)

Mail: City Clerk's Office  
500 Castro Street  
P.O. Box 7540  
Mountain View, CA 94039-7540

Please fill out all information completely. Attach additional pages if needed.

Board of Library Trustees Applicant Name: \_\_\_\_\_

Please share why you want to be appointed to the Board of Library Trustees.

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Please list the community organizations in which you have participated and describe your participation and any official role/position you may have held.

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Please describe the qualifications or experience you possess (such as employment and/or education) that you feel would be an asset to the Board of Library Trustees.

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*Please fill out all information completely. Attach additional pages if needed.*

Board of Library Trustees Applicant Name: \_\_\_\_\_

**AGREEMENT—READ CAREFULLY BEFORE SIGNING**

I hereby certify that all statements made in this application are true, and I authorize investigation of all information contained in this application. I acknowledge that any false statements or misrepresentation on this application will be grounds for disqualification.

If I am appointed to serve on the Board of Library Trustees, I have sufficient time to devote to this responsibility, know the adopted meeting schedule, and plan to attend all meetings of the Board. I understand it is required that all Board members take an Oath of Office and sign the Code of Conduct prior to undertaking their duties. I also understand that I will be required to complete: (1) a Fair Political Practices Commission Statement of Economic Interests Form 700 upon assuming office, annually, and upon leaving office; (2) ethics training upon assuming office and every two years thereafter; and (3) Brown Act training upon assuming office and every two years thereafter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application is subject to the California Public Records Act and will be disclosed upon request to the extent required by law. Applications not acted upon will expire after one year from the date submitted unless renewed by the applicant.

FOR STAFF USE ONLY

Interviewed: \_\_\_\_\_ Renewed: \_\_\_\_\_

*Please fill out all information completely. Attach additional pages if needed.*