

**CITY OF LOVELAND  
APPLICATION FOR THE HIGH SCHOOL STUDENT MEMBER OF THE  
LOVELAND PUBLIC LIBRARY BOARD**

**APPLICATION DEADLINE IS MAY 5, 2018 (5:00P.M.)**

The Library Board advises the City Manager and city council on all matters pertaining to the management of a municipal library. This includes providing a qualified Library Director, budgeting and financing adequately to staff the library, providing appropriate books and other library materials, (including the availability of modern technology needed for operations), reporting periodically to the council and management, and providing for citizen input and involvement in determining library policies, hours of operation, fees, rules of conduct and such other services needed and desired for operation of a modern information system for the people of Loveland.

The Loveland Public Library Board meets once per month on the third Thursday from 5:00p.m.-7:00p.m. in the Library Board Room on the second floor of the library. Loveland Public Library board members may also participate in training workshops and outreach events throughout the year.

To be eligible for the Loveland Public Library Board the applicant must be a high school student under the age of 21 and a resident of the City of Loveland. The applicant must have an interest in information technology, literacy and/or community leadership. The term is for one school year. The high school student member may be excused from board meetings and activities during school breaks.

Once an application is selected, an interview with City staff, the City Council Liaison and the President of the Loveland Public Library Board will be scheduled.

**NAME:**

\_\_\_\_\_

**HOME**

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:**

\_\_\_\_\_

**E-MAIL ADDRESS:**

\_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**LENGTH OF RESIDENCY IN THE LOVELAND AREA:** \_\_\_\_\_

**WHAT SPECIAL SKILLS OR BACKGROUND WOULD YOU BRING TO THE LOVELAND PUBLIC LIBRARY BOARD?**

---

---

**BOARD MEETINGS ARE HELD THE THIRD THURSDAY OF THE MONTH FROM 5:00P.M. TO 7:00P.M. WILL YOU BE ABLE TO ATTEND THESE MEETINGS?**

---

**WHY DO YOU WANT TO BE A MEMBER OF THE LOVELAND PUBLIC LIBRARY BOARD?**

---

---

---

---

---

**REFERENCES OF TWO TEACHERS:**

| <b>NAME</b> | <b>SCHOOL</b> | <b>TELEPHONE/EMAIL</b> |
|-------------|---------------|------------------------|
|-------------|---------------|------------------------|

---

---

**REFERENCE OF ONE ADULT (NOT A TEACHER):**

| <b>NAME</b> | <b>ADDRESS</b> | <b>TELEPHONE/EMAIL</b> |
|-------------|----------------|------------------------|
|-------------|----------------|------------------------|

---

**REFERENCE OF ONE STUDENT:**

| <b>NAME</b> | <b>ADDRESS</b> | <b>TELEPHONE/EMAIL</b> |
|-------------|----------------|------------------------|
|-------------|----------------|------------------------|

---

**EMERGENCY CONTACT INFORMATION (parent and/or guardian)**

**NAME (RELATION)**

**ADDRESS**

**TELEPHONE**

---

THE CITY OF LOVELAND ENCOURAGES APPLICATIONS FOR VACANCIES ON ITS BOARDS AND COMMISSIONS FROM PERSONS OF RACIAL AND ETHNIC MINORITIES, SENIORS, WOMEN, PERSONS WITH DISABILITY AND OTHERS WITH DIVERSE BACKGROUNDS. THE CITY OF LOVELAND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR HANDICAPPED STATUS IN THE ADMISSION, ACCESS OR APPOINTMENT TO, OR TREATMENT OR EMPLOYMENT IN, ITS PROGRAMS OR ACTIVITIES.

**I hereby submit my application for the Loveland Public Library Board. I understand that the City will verify information contained herein and may make other inquiries, which it deems appropriate to consideration of my application, and I consent, to such inquiries. I understand that I am not insured by Worker's Compensation Insurance. I understand that I am covered by an Accident Medical Insurance Policy with a limit of \$15,000 per incident and I accept this as the limit of City liability while I am a volunteer with the City of Loveland. I hereby release the City of Loveland, its officers, employees and agents from any and all claims, damages and liability, including any claims of personal injury and property damage arising from my participation on the Loveland Public Library Board.**

---

**Signature**

---

**Date**

---

**Signature of parent and/or guardian  
if applicant is under the age of 18**

---

**Date**

**Submit application by 5:00pm on May 5, 2018 to:**

**City of Loveland  
Loveland Public Library  
300 N Adams Ave. Loveland, CO 80537  
Attn: Amber Holmes**

**OR VIA EMAIL TO: [AMBER.HOLMES@CITYOFLOVELAND.ORG](mailto:AMBER.HOLMES@CITYOFLOVELAND.ORG)**

**Call with questions: 970.962.2797**