

This application is to be completed by each individual seeking appointment by their respective county commission to the System Board of the South Central Kansas Library System. If a question is not applicable, please answer "n/a". If you need additional information about any of the questions, please contact Paul Hawkins, SCKLS Director, <u>paul@sckls.info</u> or 800-234-0529, Ext. 113.

**Position:** County Appointee to the System Board of the South Central Kansas Library System

**Authority**: Board of County Commissioners (KSA 79-2550)

Term of Office: Four years

Name			
First Name:	Middle Initial:	Last Name:	
Home Street Address:			
City:			
State:			
Zip:			
County:			
Home or Cell Phone:			
Business Phone:			
E-Mail:			



list your educational backgrou	nd and community service experie	nce here:
igibility		
	vice and taxing territory of the Sou	uth Central Kansas Library System? (Mark
Do you reside within the se	vice and taxing territory of the Sou	uth Central Kansas Library System? (Mark
Do you reside within the se		uth Central Kansas Library System? (Mark
ligibility  Do you reside within the serith an "X".) es:	vice and taxing territory of the Sou	uth Central Kansas Library System? (Mar

but within the territory of the regional system of cooperating libraries." See "SCKLS and Public Library Tax Units Maps by County" http://sckls.info/index.aspx?NID=253

NOTE: SCKLS Bylaws, Article IV, Governing Body, Section 1. "The governing body of the System shall be the System Board. The board shall consist of one representative or an alternate appointed by the Trustees or institutional administrators of each participating member library. In addition, there shall be one representative from within the taxing district of the regional library system appointed by the board of county commissioners of each county that is part of the regional library system to represent territory not within the district or any participating library, but within the tax district of the system."



Employer	Business	Information			
NOTE: If you a	="		ed" in the	Employer Busine	ess Name field and list the last position
Employer Bus Name:	iness				
Employer Bus	iness				
Street Addres	s:				
City:					
State:					
Zip:					
Duties of A	A County	Appointee			
2. Do you und Library Systen		•	y Appointe	ee to the System	n Board of the South Central Kansas
Yes:				No:	
to adopt the ar	nnual budget a	nd program of service	s, elect the l	Executive Committe	5-2550, the System Board shall have authority ee, and to delegate in these bylaws to the Exec- ct to any restriction imposed by law."
tober and the se	cond Friday of ent for meeting	August in a central loc g attendance. Upon el	cation in the	12 county SCKLS re	nich are held the last Monday of April and Ocegion. A County Appointee is eligible for mile-County Appointee or Appointees may serve on
3. Are you aw "X".)	vare of the st	atutory purposes	of the reg	ional systems of	cooperating libraries? (Mark with an
Yes:				No:	
					to provide adequate library services to all citi- o utilize federal aid funds as may be available,

and (4) to extend library service to persons not having [local library services].



Duties of A	A County Appointee		
	ou seeking appointment to the System County Appointee to the System Board		at role are you seeking to fulfill in your
	good standing in the payment of any ta or taxing subdivision? (Mark with an "X"		ed to the federal or state government or
Yes:		No:	
NOTE: If No,	please explain whether such delinquen	cy is under appea	al?
	ver been convicted or entered a plea of infraction? (Mark with an "X".)	f guilty or no con	test for any criminal violation other
Yes:		No:	
NOTE: If Yes,	please provide details:		



Duties	of A County Appo	intee					
	, your spouse or other c ves direct financial bene				any busin	ess or orga	nization that
Yes:			No:				
NOTE: If	yes, please explain:		•				
l							
	e any additional informa on with your appointmer			e, which y	ou feel sho	ould be con	sidered in
Yes:			No:				
NOTE: If	yes, please explain:		•				



References	s/Suppo	orters	Please	see Pages 8 –9 fo	r addit	ional space to	list referen	ces	
Is there any in Board of the S				e as reference(s) ir System?	n suppo	ort of your app	ointment to	the Systo	em
Relationship/S Title:	Supporter								
First Name:				Middle Initial:		Last Name:			
Home Street Address:									
City:									
State:									
Zip:									
County:									
Home or Cell Phone:									
Business Phone:									
E-Mail:									



Certification	on
	By checking this box, I declare that I am the person named above and the previous information is true and correct.

Thank you for completing this online application. Please print the application or save it as a .pdf attachment and send it to Paul Hawkins, Director, SCKLS, 321 North Main, South Hutchinson, KS 67505 or <a href="mailto:paul@sckls.info">paul@sckls.info</a>. SCKLS will contact you and provide assistance in the appointment process for your respective county.



Additional	Refere	nces/Su	pporters			
-		-	to give as reference(s) Library System?	in support of your	appointment to	the System
Relationship/S Title:	Supporter					
First Name:			Middle Initial:	Last Nam	ie:	
Home Street Address:						
City:						
State:						
Zip:						
County:						
Home or Cell Phone:						
Business Phone:						
E-Mail:						



Additional	Refere	nces/Su	pporters			
-		-	to give as reference(s) Library System?	in support of your	appointment to	the System
Relationship/S Title:	Supporter					
First Name:			Middle Initial:	Last Nam	ie:	
Home Street Address:						
City:						
State:						
Zip:						
County:						
Home or Cell Phone:						
Business Phone:						
E-Mail:						