CITY OF SARATOGA
LIBRARY COMMISSION

Supplemental Questionnaire

Applicant Name: _____ Date: _____

Please print or type your answers to the following questions and submit with your completed Commission application. You may submit additional sheets to complete your answers.

Commissioners seeking reappointment may answer questions in a manner that reflects your experiences and objectives as a Commission member.

1. Describe your involvement in community activities, volunteer and civic organizations.

2. What is it about this Commission that interests you? What qualities, experience, and expertise would you bring to the Commission?

3. What is your experience and/or involvement with libraries?

4. How would you see your role as Commissioner when making recommendations and working with the Council, the Saratoga Library, and the Santa Clara County Library?

5. What do you consider to be the primary duties and objectives of the Library Commission? What new objectives would you like the Library Commission to pursue?

6. What do you consider to be the major or minor issues facing the Saratoga Community Library and/or the public library system?