

**LIBRARY LEADERSHIP OHIO
SEPTEMBER 10-15, 2000**

APPLICATION FORM

All applications will be handled by the **LIBRARY LEADERSHIP OHIO** Selection Committee in the strictest confidence. Please limit responses to the space provided. Participants in **LIBRARY LEADERSHIP OHIO** will be selected from those individuals who have submitted their Application Form by April 30, 2000. Forms postmarked after midnight on April 30, 2000, will not be considered. To assist the Committee, we request that your form be typed or printed legibly.

Name _____
Last First Middle

Home Address _____
Number Street Apt. #

_____ City State Zip

Home Telephone () _____

Participants will be assigned to a room with a person of the same sex. **Circle:** Female Male

I. PARTICIPATION

In order to accomplish its stated objectives, the full participation of each individual selected is necessary. Participation includes: Staying from the evening of Sept. 10 - Sept. 15 (adjourn by noon). Participants are expected to stay overnight at the Inn at Honey Run in Millersburg. Will you be able to fulfill this commitment? **Circle:** Yes No

II. EDUCATION

SCHOOL NAME/CITY	YEAR GRADUATED OR DATES OF ATTENDANCE	DEGREE	MAJOR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a Master of Library Science degree? **Circle:** Yes No

III. EMPLOYMENT

Present employer _____ Date began _____

Address: _____
Number Street

_____ City State Zip Country

_____ Phone Fax E-Mail

Which regional library system does your library belong to ?

Circle One:

CAMLS GCLC MOLO MVL NOLA CALICO
NORWELD OVAL SOLO SWORL NONE

Type of library _____ Your Title _____

Circle one: Public Service Technical Service Administration Technology Reference Childrens
 Young Adult Outreach Public Relations Other _____

Number of years of library experience: _____ Prior to MLS _____ Following MLS

Briefly describe your major responsibilities:

What do you consider your greatest career achievement so far?

Describe your leadership experience thus far:

Work History:

Previous employment of any kind in reverse chronological order.

EMPLOYER	TITLE OR RESPONSIBILITY	FROM - TO

IV. ORGANIZATIONS/ACTIVITIES/COMMUNITY INVOLVEMENT

Please list, in order of importance to you, other professional, community, civic, business, religious, social, athletic, and other organizations of which you have been an active member.

ORGANIZATION	DATES OF MEMBERSHIP	OFFICIAL POSITION HELD

What have you accomplished in any one of these activities that is important to you?

V. GENERAL (continue on next page)

What would you hope to gain and how would you utilize your **LIBRARY LEADERSHIP OHIO** experience?

V. GENERAL (continued)

