

*Office Use Only:*

*Council District: 17    New Appointment X    Reappointment    Attendance Record:*

### **Library Board of Trustees Commission**

*The Library Board of Trustees meets at 12:00 Noon on the 4th Monday of each month at the Main Library- 25 Heritage Green Plaza, Greenville.*

Name: **Judith Leipold**

Occupation: Librarian (retired)

Employer: n/a

Highest Degree Earned: MA, MLS, (MLIS)

School Attended: University of South Florida

Year of Graduation: 1977, 1987

Rehabilitation  
Field of Study: Counseling, Library Science

Linked In Profile:

Social Media Profile:

#### **Military Experience:**

None

#### **Certifications:**

Certified in Florida DOE: Media Education, School Social Worker

#### **Civic Organizations / Other Affiliations:**

Past member of ALA, FAME.

#### **Volunteer Experience (Please List & Describe):**

Slater Marietta Elementary School 2017-2018, 2018-2019, 2019-2020, 2021-2022 in the library media center.

**My interest in serving on the Library Board of Trustees Commission:**

As a retired librarian, I have chosen to volunteer and support local libraries in any way I can.

**Describe your understanding of the position for which you are applying:**

I have served on the DeSoto County Library Board (FL) for a number of years. I have been involved with hiring of librarians, and community issues effecting the library.

**Describe your strengths or skills that would positively contribute to the Library Board of Trustees Commission:**

I have a background in supporting and maintaining library personnel. I believe all Library Board Trustees should be aware and be present in all branches, speaking with staff about issues. While working in Florida I served with the Florida Association of Media in Education (FAME) IF committees and held the position of chairperson for 2 years. I also have a strong background in collection development.

**My community topics of concern that relate to the Library Board of Trustees Commission:**

It appears there is a high rate of library staff turnover that needs to be addressed and reduced. This turnover rate effects library services, is expensive (training new employees) and time consuming. Additionally, I am concerned about Intellectual Freedom and the right to read.

**Do you currently hold an elected or appointed office or commission?**

Yes  No

If yes, please list:

**Have you previously held an elected or appointed office or commission?**

Yes  No

If yes, please list:

In Florida, I served on the Desoto County Library Board.

**Have you ever been fined for an ethics violation?**

Yes  No

If yes, please explain:

**Have you ever been convicted of a crime other than a minor traffic violation?**

Yes  No

If yes, please give details:

Are you currently, or have ever been, a part or party to any litigation with or against Greenville County?

- Yes       No

If yes, please give details:

Would you be willing to submit to a criminal background check and/or credit check?

- Yes       No

Are you aware of the meeting schedule and time commitment for the Library Board of Trustees Commission

- Yes       No

Have you attended a meeting of the Library Board of Trustees Commission

- Yes       No

Are you aware of the County's attendance policy as it relates to County boards and commissions?

- Yes       No

Are you aware this is not a compensated position?

- Yes       No

*It is the policy of Greenville County to require disclosure of any personal or financial interest that may be influenced by decisions of the Committee, Board or Commission for which any citizen applies for membership.*

Do you or a member of your immediate family provide goods and/or services to this board?

- Yes       No

Do you or a member of your immediate family benefit from the action of this board?

- Yes       No

Does your employer provide goods and/or services to this board?

Yes  No

Does your employer receive direct services from this board?

Yes  No

Does your employer financially benefit from the actions of this board?

Yes  No

By signing your name and turning in your application, you agree to and attest to the following:

*All information contained in this application is true and accurate to the best of my knowledge.*

*I understand it is my responsibility to insure my application is submitted within the application period and that it has been received by the Clerk to Council's office.*

*I have read the Greenville County Board and Commission Policy and I understand the rules of conduct for the position for which I am applying.*

*I understand my lack of attendance for three (3) consecutive meetings or 25% of all regular scheduled meetings within a 12-month period may result in my removal from the board.*

*I understand that I serve at the pleasure of County Council and all appointments are subject to the Ethics, Government Accountability, and Campaign Reform Act, S.C. Code Ann. Section 8-13-100 et. seq. Any member appointed to a board or commission whose action is inconsistent or may be perceived to be inconsistent with the spirit or intent of the Act, may be subject for removal.*

*I understand that information provided in this application may be subject to South Carolina Freedom of Information disclosure.*

Applicant Signature:

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Date:

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*Applicants are encouraged to notify their representing Council Member of their interest to be considered for a desired board seat.*

