



Community Services Department • Services Communautaires
Library Services Division • Division des Services de Bibliothèque

Winnipeg Public Library – Youth Advisory Council

Application Form for Student Membership

Student Information

Name: _____

Date of Birth: _____ Grade: 8 9 10 11

Email: _____

Phone: _____

Your School: _____ Phone: _____

School Division: _____

Teacher who can provide a reference: _____

Phone (if other than above): _____

Email (if known): _____

Please tell us why you would like to join the Winnipeg Public Library Youth Advisory Council. You may choose to include information about your interests, hobbies, or any skills that you think would be an asset to the library system. Use a second page if needed.

YAC participation can be counted as volunteer time. Will you require a record of hours worked for school purposes? Yes No

Date submitted: _____

Please return the completed form to:
Sophie Walker
Young Adult Services Librarian, Millennium Library