

Gravenhurst Public Library  
APPENDIX B - Policy GOV-12  
Youth Auxiliary Member Program  
Member Application



**Applicant Information**

- **Full Name:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_
- **School:** \_\_\_\_\_

**Questionnaire**

1. **Why are you interested in joining the Gravenhurst Public Library Board?**  
*(e.g., career interests, love of reading, community service)* Resumes are welcome.  
\_\_\_\_\_  
\_\_\_\_\_
2. **What is one thing you think the Library could do better for people your age?**  
\_\_\_\_\_  
\_\_\_\_\_
3. **The time commitment is a three (3) hour orientation, one (1) in-person evening meeting per month for the school year (approx. 2 hours per month) and attendance at selected committee meeting (approximately 1 hour per month). Are you able to commit to this time requirement?** [  ] Yes [  ] No

**References**

Please provide the name and contact information of one teacher or community leader (non-family) who can vouch for your reliability.

**Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

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**Emergency Contact**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone (home):** \_\_\_\_\_ **(cell):** \_\_\_\_\_

**Parental/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_