



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

# Winnipeg Public Library – Youth Advisory Council

## Application Form

Student Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: 7  8  9  10  11  12

Email: \_\_\_\_\_

Phone:(Day): \_\_\_\_\_ (Evening): \_\_\_\_\_ (Cell): \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Your School: \_\_\_\_\_ Phone: \_\_\_\_\_

School Division: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Please indicate which Winnipeg Public Library Youth Advisory Council you are applying for.

- |                                      |                                      |   |  |                                    |
|--------------------------------------|--------------------------------------|---|--|------------------------------------|
| ■ CHARLESWOOD<br>1360 Pembina Hwy.   | ■ FORT GARRY<br>1360 Pembina Hwy.    | ■ HENDERSON<br>1-050 Henderson Hwy.         | ■ LOUIS RIEL<br>1168 Dakota St.              | ■ MILLENNIUM<br>251 Donald St.     |
| ■ PEMBINA TRAIL<br>2724 Pembina Hwy. | ■ RIVER HEIGHTS<br>1520 Corydon Ave. | ■ ST. JAMES-ASSINIBOIA<br>1910 Portage Ave. | ■ SIR WILLIAM STEPHENSON<br>765 Keewatin St. | ■ TRANSCONA<br>111 Victoria Ave. W |

Send completed package to: Youth Services Librarian – Programs & Services  
251 Donald St. Winnipeg, MB R3C 3P5  
204-986-4252 / Fax 204-986-5671



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

## Winnipeg Public Library – Youth Advisory Council

### Applicant Reference Form 1

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Reference Name: \_\_\_\_\_

Reference Phone Number: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

The goals of the Youth Advisory Council program are: to increase youth awareness of the wide-range of materials available at the library, to review and recommend new materials for youth at the library, to promote and plan relevant library programming for youth and to promote and contribute to the library's web services for youth.

How long have you known this applicant and in what capacity?

---

---

---

---

What would you say are the applicant's best qualities, characteristics, and or strengths as they relate to participating in a Youth Advisory Council?

---

---

---

---

Describe how the applicant gets along with people. Examples may include relationships with family, friends, teachers and or colleagues.

---

---

---

---



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

Does the applicant follow through with commitments they undertake?  
(E.g. punctuality, flexibility, responsibility)

---

---

---

---

How would you describe the applicant's ability to interact with people from a variety of backgrounds and communities?

---

---

---

---

Please provide an example of a time when the applicant was a member of a team. Briefly describe the situation and explain their role on that team.

---

---

---

---

---

Please comment on the applicant's ability to follow directions.

---

---

---

---

Please provide an example of a time when the applicant demonstrated their initiative to achieve a goal or complete a task effectively.

---

---

---

---



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

## Winnipeg Public Library – Youth Advisory Council

### Applicant Reference Form 2

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Reference Name: \_\_\_\_\_

Reference Phone Number: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

The goals of the Youth Advisory Council program are: to increase youth awareness of the wide-range of materials available at the library, to review and recommend new materials for youth at the library, to promote and plan relevant library programming for youth and to promote and contribute to the library's web services for youth.

How long have you known this applicant and in what capacity?

---

---

---

---

What would you say are the applicant's best qualities, characteristics, and or strengths as they relate to participating in a Youth Advisory Council?

---

---

---

---

Describe how the applicant gets along with people. Examples may include relationships with family, friends, teachers and or colleagues.

---

---

---

---



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

Does the applicant follow through with commitments they undertake?  
(E.g. punctuality, flexibility, responsibility)

---

---

---

---

How would you describe the applicant's ability to interact with people from a variety of backgrounds and communities?

---

---

---

---

Please provide an example of a time when the applicant was a member of a team. Briefly describe the situation and explain their role on that team.

---

---

---

---

Please comment on the applicant's ability to follow directions.

---

---

---

---

Please provide an example of a time when the applicant demonstrated their initiative to achieve a goal or complete a task effectively.

---

---

---

---