



# Application for Membership Hall County Library System Youth Advisory Council (YAC)



Please return your completed application to Blackshear Place, Spout Springs or the Gainesville Library on the Square

Full Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_  
(number & street) (apt. # if applicable)  
\_\_\_\_\_  
(city, state & zip code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

This program is for students in 8th to 12th grade. What grade are you in? What school do you attend?

\_\_\_\_\_

Age and Birthdate? \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone #: \_\_\_\_\_

Are you willing to make a regular commitment to this YAC group? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be able to meet once a month in the evening? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date