

Describe your current library use (for example: Why do you visit APL? Do you attend library programs? What do you like to read?):

Why are you interested in being a TAG member?

Work / Volunteer Experience & Skills:

Interests & Hobbies:

TAG members will be required to attend scheduled meetings. There is not currently an official start date for this program - meeting dates will only be determined once we have a sufficient number of applicants / potential participants.

Submitting an application does not guarantee a spot in the program.

Selected applicants will be invited by email.

I hereby certify that all of the information included on the application form is true and complete. I understand that an incomplete application will not be considered, and that providing false or misleading information may result in dismissal, regardless of the time of discovery.

Student Signature: _____ Date: _____

Personal information contained in this form is collected under the authority of the Public Libraries Act, R.S.O. 1990 for the purpose of delivering service to registered patrons. Questions regarding the collection of this information should be directed to: Chief Executive Officer, Aurora Public Library, 15145 Yonge Street, Aurora, Ontario, L4G 1M1 (905) 727-9494



Contribute fresh ideas for programs & collections.

PLUS... receive community service hours for your time!

Apply now.



Aurora Public Library

**Aurora Public Library is starting a
Teen Advisory Group!**

We're looking for local teens to contribute fresh ideas and opinions for our YA programs and collections.

As a member of our Teen Advisory Group (TAG) you will attend regular meetings, share ideas and give suggestions to help us shape and improve our services for teens, including YA programs and collections.

Not only will you be helping to create a vibrant place for your peers, you will also earn community service hours.

Applications are available on our website and in the YA section at APL.

If you are interested in becoming a member of our TAG, please complete the application form and drop it off at the Children and Young Adult Information Desk on the second floor, or scan/email it to:
yamagazine@library.aurora.on.ca

APL Teen Advisory Group Application

Date: _____

Personal Information (Applicant)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

E-mail correspondence occurs **frequently**. Please include an e-mail address you check on a regular basis.

Current School: _____ Grade: _____

Aurora Public Library Card # _____

Please indicate (circle) where you heard about our TAG:

YA Website Teacher/School Library Flyer Friend

Other: _____