



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



To return your completed application, please bring it to the next YAC meeting at your local Hall County library.

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 aged 14 to 18, 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 the back of the application if needed.

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date