



**Application Form
West Vancouver Memorial Library**

Please print

Name:

First Name

Last Name

Address:

Street

City

Postal Code

Phone Number(s): _____

E-mail: _____

Grade: _____

School: _____

Previous Volunteer Experience: _____

Are you available Monday evenings? **YES** **NO**

Are you willing to read and review books as part of your TAG responsibilities? **YES** **NO**

What is your favourite book or who is your favourite author? _____

What programs have you participated in at the West Vancouver Memorial Library?
Ex. Summer Reading Club, Author Readings, Volunteer Program, Seminars or Lectures

I AGREE:

- To be on time to all TAG meetings.
- To contact the Volunteer Coordinator, with as much notice as possible, if I am unable to attend on a given day.
- To be respectful and honour every member of the group.

Applicant's Signature _____

Date _____