

## LIBRARY CHAMPIONS PROJECT (LCP) - APPLICATION FORM

*Date of Information Session:*

*Host Library:*

### **Applicant Information**

<i>First Name:</i>		<i>Last Name:</i>	
<i>Date of Birth:</i>		<i>Gender:</i>	
<i>Home Country:</i>		<i>Home Language:</i>	
<i>What is your immigration status?</i>			
<i>When did you arrive in Canada?</i>			
<i>Education:</i>			
<i>Professional Background:</i>			
<i>Are you currently employed?</i>			
<i>How did you hear about the LCP?</i>			

### **Address / Contact Information**

<i>Apt Number</i>	<i>Street Number</i>	<i>Street Name</i>	<i>Street Type</i>
<i>City</i>	<i>Province</i>	<i>Postal Code</i>	
<i>Phone Number</i>		<i>Email Address</i>	

**Please use the space provided to answer the following questions**

**A. Why are you interested in becoming a Library Champion?**

*B. How will this project help you?*

*C. Please describe yourself in a few sentences. What are your strengths?*

*Information provided here will be used strictly for the purposes of delivering this program and reporting on the program to project stakeholders.*

*You will be contacted regarding your acceptance into the program within one week of this information session.*

*NewToBC is an initiative of Public Library InterLINK.*