

TAG (Teen Advisory Group) Member Application

Name: _____

Age: _____ Grade: _____

School: _____

Home address:

Phone number: () _____ - _____

E-mail address: _____

Would you rather we contact you by phone or e-mail?

Phone E-mail

Special skills/talents: (Are you a writer? Do you enjoy graphic design? Can you juggle? etc.)

Why do you want to join the Library's Teen Advisory Group?

How do you think we could improve the library's services to teens?

Personal information collected on this form is for Library purposes only.

The library's Teen Group meets on a regular basis. Can you commit to attend four meetings a year?

YES NO

Once you have completed the application, please sign below and have your parent or guardian sign below and then return it to the Information Desk.

Teen signature:

I am aware that my teen has expressed an interest in joining the Library's Teen Advisory Group and I give my permission for his/her participation.

Parent/Guardian Signature:

