

Teen Advisory Board Application

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Name

Pronouns

.....

Date of Birth

Grade

.....

Phone Number

Email

Why do you want to join the Teen Advisory Board?

Can you commit to one hour every fourth Wednesday (3-4 PM) for meetings?

YES / NO

What are some hobbies, skills, or interests you'd like to contribute to our teen programming?

List some ideas for programs you think teens would enjoy:

What areas interest you most?

Fiction Books

Graphic Novels/Manga

DVDs

Non-Fiction/Biographies

Audiobooks

Planning teen events

Please submit your application to the front desk of the library.

If you are under 13, please include a parent or guardian's signature here:
