

TEEN ADVISORY BOARD APPLICATION

Wadsworth Library



Your Name: _____

Address (including city/state/zip): _____

Phone: _____ Email: (not a school email) _____

Age: _____ Grade: _____ School: _____

Name of Parent/Guardian: _____

In case of emergency, contact (name & phone): _____

Please print answers to the following questions.

1. Why do you want to become a member of the Teen Advisory Board (TAB)?

2. What are some of your hobbies or interests?

3. What do you like most about the Library's services and programs and what changes or additions would you suggest?

Would you be able to attend monthly quarterly? Yes ___ No ___

The Library will sometimes photograph events and activities to promote its services. May we have your permission to photograph you along with Library Staff if you are volunteering at any of these times? (Saying "no" does not keep you from participating in TAB.) Yes _____ No _____

The Library will use the personal information you provide solely to assist us in determining the best use of your skills. I understand that I will not hold Wadsworth Library, its employees, directors, or funding agencies responsible for any injury while working as a volunteer.

Please turn in this application at the service desk.

_____ Your Signature & Date

_____ Parent's Signature (if under 18) & Date