

Teen Advisory Board (TAB)/Monthly Volunteer Meeting Application Wright Memorial Public Library

The Teen Advisory Board works interesting, fun, and relevant by:	s to keep our teen area, teen programs, and teen collection
	nding special events related to Wright Library. service projects for the library and community. and volunteer news.
Requirements: Wright Library teen, age 12-1 Parental permission to join the Attendance at monthly Teen A Participation in library-sponso	e Teen Advisory Board
Community participation acAn opportunity to shape the	usually 1 hour for attending the meeting) etivity for college and other applications
	neets at 3:30 on the second Wednesday of the month during ugh May. Other meeting times may be added.
	ttions to the Youth Services desk at Wright Memorial Public meeting. For more information, contact Mrs. Bengson at orary.org
Name:	
Phone Number:	Cell Phone Number:
E-mail Address:	
	Grade:
Home Address:(street)	
(succi)	

What is the best way to contact you? (check one) Phone _____ E-mail ____

(zip)

(city)

Applicant Signature:
Date:
Please have your parent or guardian sign the following: I support my teen's application for a position on the Wright Memorial Public Library's Teen Advisory Board, and I give him/her permission to attend Teen Advisory Board activities.
Parent/Guardian Signature:
Date:
Relationship to Applicant:
What skills or experiences would you bring to TAB?
Are you interested in holding a leadership position in TAB?
To what extracurricular or community clubs or groups or teams do you belong?
What are five books that you would recommend to other teens?