

Teen Advisory Board Application

Name:	School:
Pronouns:	Grade:
Age:	Home Phone:
Street Address:	Cell Phone:
City:	Email Address:
Zip Code:	Best way to contact you:

What days and times work well for your schedule?

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Which of the following positions are you interested in? You can pick more than one.

- | | |
|---|---|
| <input type="checkbox"/> President
<input type="checkbox"/> Vice-President | <input type="checkbox"/> Secretary
<input type="checkbox"/> Member |
|---|---|

Why do you want to join the Teen Advisory Board?

What types of programs would you like to see at the library?

What is your favorite book, movie, or tv show?