

Teen Advisory Board Application

Complete this application in your own handwriting and return to Julie or Tricia at the Waterford Public Library.

Name: _____ Date: _____

Address: (include city) _____

Email address: _____

Cell Phone: _____ May we text you with TAB updates and reminders? Yes No

School: _____ Grade: _____

Library Card # (must be in *your* name) _____
(if you don't have a library card, leave blank)

Personal Reference (name and phone number) _____

List some activities you personally enjoy: _____

List any school/community activities, honors, volunteer or job commitments, etc.

Explain why you would like to join the Waterford Public Library Teen Advisory Board:

I have read and understand the criteria of the Teen Advisory Board and have answered the above application truthfully to the best of my knowledge.

Signature

Date

Parent Signature (if under 16)

Date