



Teen Advisory Group Application

Please fill out this form completely if you are interested in becoming a member of Lebanon Public Library's Teen Advisory Group.

Applicant Information

_____	_____
First Name	Last Name
_____	(____)_____
Email Address	Phone Number

School/Extracurricular Activities

Please provide the name of the school you attend _____

Please indicate your grade level for fall 2019 _____

Please list all sports, activities, and clubs in which you currently participate or plan on participating.

Attendance

Our meetings will be held on the 2nd and 4th Thursdays of each month from 6:00 pm - 7:30 pm. Will you be able to attend the majority of these meetings?

Yes / No



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Interests

Which events and programs interest you the most? Check all that apply.

_____ I am interested in attending/volunteering at some weekend events/programs for grades 7-12.

_____ I am interested in attending some after-school events/programs for grades 7-12.

_____ I am interested in attending events that serve the community.

_____ I am interested in volunteering at events/programs for grades K-6

Which aspects of the Teen Advisory Group interest you the most? Check all that apply.

_____ Helping plan events/programs for grades 7-12

_____ Helping plan events that serve the community

_____ Promoting Library resources and programs to peers

_____ Gathering information from peers about their interests

Briefly describe why you are interested in joining the Teen Advisory Group.

Reference

Please provide the following information about one teacher or community member who would recommend you for this group. You may attach a letter of recommendation, but it is not required.

Name _____

Email Address _____