



Teen Advisory Group Application

Name (Last, First): _____ Date: _____

Phone: _____ Email: _____

Grade: _____ School (or Home Schooled): _____

Parent or Legal Guardian: _____

Can you commit to meeting once a month after school? YES NO

Do you have a library card? YES NO

How often do you use the library? (Circle as many as apply)

daily once or twice weekly every other week once a month once a year during the summer
when I have homework assignments I use the library online (eBooks or online catalogue)

Why would you like to be a member of the Teen Advisory Group?

Please tell us a little about yourself (eg. Hobbies, activities, interests)

What have you read, seen or listened to lately that you enjoyed? Tell us about it.

I am aware that my teen is applying for a position on the Teen Advisory Group at Gladstone Public Library

Signature of Parent or Guardian _____