



TEEN ADVISORY BOARD APPLICATION

Application open to students in grades 6 - 12.

PLEASE FILL OUT THE INFORMATION AND RETURN IT TO:

Altoona Public Library, Attn: Youth Services Librarian, 1303 Lynn Ave, Altoona, WI 54720

Please type or print:

Name _____

Address _____

Home Phone _____

Alternate Phone _____

Email Address _____

School (*Home schooled teens welcome!*) _____

Grade _____

Please use the back of the sheet or attached a typed sheet if you need more room to write.

Why do you want to be a member of the Teen Advisory Board (TAB)?

Design a teen program: If you were in charge what would the program be? Be as creative as you want but keep in mind that the goal is to encourage others teens to come to the library.

TAB meets at least 1 hour each month. Can you commit to meeting one hour a month for the 2016-2017 school year?

Yes

No

If yes, please indicate what times and days of the week best work out for you.

All about you:

Favorite color _____

Favorite band or musician _____

Favorite movie _____

Favorite book _____

Favorite candy _____

Favorite ice cream flavor _____

Favorite TV show _____

Favorite animal _____

What are your hobbies and interests?

Please list the days and times of your extracurricular school activities.

Have you read any good books/listened to any good music/watched any good movies lately? If so, give us some examples.

IN WHAT AREAS DO YOU HAVE THE MOST INTEREST?

- Advising music selection
- Advising non-fiction selection
- Advising fiction selection
- Advising movie selection
- Advising graphic novel selection
- Planning Teen Events (*specify below, on back, or attach another sheet*)

Other:

Signature of Applicant

Date

I am aware my teen is applying for a position on Altoona Public Library's Teen Advisory Board.

Signature of Parent/Guardian

Date