

Teen Advisory Council Application

Please complete the following questions if you'd like to become involved with your library's Teen Advisory Council. The councils are involved in volunteer projects and teen programming at the library. Each council has a different meeting schedule, usually once every month or two months during the school year. Please return this application to your Teen Council contact person. Thank you for your help!

Your Name: _____ Age: _____

Street Address: _____ Apt: _____

City: _____ Zip Code: _____

Phone Number: _____

Your School: _____ Grade: _____

Email Address: _____

Birthdate: _____

Name of Emergency Contact: _____

Emergency Phone Number: _____

What activities are you involved in? _____

What books do you like to read? _____

What times are you available for a Teen Council meeting?

Your Signature: _____ Date: _____