WOLFFORTH LIBRARY
Making the future bright

City of Wolfforth Library
Teen Advisory Board (TAB)
Application

The Teen Advisory Board (TAB) is a group of teens who work with library staff to help make the library a welcoming place for teens. TAB members share ideas, recommend books and materials, help plan programs, volunteer at library events, and serve as ambassadors for the library in the community.

If you're interested in making a difference and having your voice heard, we'd love to hear from you!

Teen Information

Name: _____ Birth Date: _____
Address: _____
Phone: _____ Email: _____
School: _____ Grade (---school year): _____

Parent/Guardian Information

Parent/Guardian
Name: _____Relationship: _____

Phone Number: _____
Email Address: _____

Please answer the following questions. If you need more room, attach a separate sheet of paper. All questions must be answered, or the application will be deemed incomplete.

1.Are you a member of the City of Wolfforth Library?

☐ Yes

☐ No

2. Why are you interested in joining the Teen Advisory Board?

_____

_____

_____

3. What are some of your favorite books, authors, hobbies, or interests?

_____

4. What ideas do you have for teen programs, events, or services at the library?

5. What special skills would make you an ideal member for Teen Advisory Group?

6. Approximately how many hours each month can you commit to TAB activities?

☐ 1–2 hours
☐ 3–5 hours
☐ 6–8 hours

5. Have you volunteered before?

☐ Yes
☐ No

If yes, where?

By submitting this application, I agree to attend all Teen Advisory Group meetings and abide by all Teen Advisory Group guidelines and policies.

Teen Applicant Signature:

As parent/guardian, I understand my teen must attend all Teen Advisory Group meetings in order to retain membership.

Parent/Guardian Signature: