



Teen Advisory Board Application



Name:

DOB:

Age:

Email:

Address:

Phone:

School:

Grade:

How did you hear about TAB?

Please answer the following questions:

1) Why do you want to be on the MPL Teen Advisory Board?

2) What would make you a good member of TAB? What interest or skills would you use to help the teen department and library?

3) Have you done volunteering before? What are some of your proudest accomplishments?

4) What genres of books do you read? What are some of your favorite books and authors?

5) Do you have participate in extracurricular activities that may affect your ability to participate in TAB?