

**Teen Advisory Group Application**

Crown Point Community Library  
122 N. Main St.  
Crown Point, IN 46307

Teen Advisory Group (TAG) is open to **any teen in 7<sup>th</sup> through 12<sup>th</sup> grade**. Make your voice heard in the library and in the community by helping to plan, organize, and publicize teen library programs and events. Your membership and input will help us ensure that materials and programs are of interest to you and your peers!

**Please fill out the following information and return to the Children’s Department.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

How would you like to be contacted? (Circle one) Email    Text    \_\_\_\_\_ (List phone provider)

Name of parent or guardian: \_\_\_\_\_

Parent/guardian phone number: \_\_\_\_\_

**Tell us more about yourself!**

What are some of your hobbies and interests? \_\_\_\_\_

\_\_\_\_\_

What is your favorite book or series? \_\_\_\_\_

\_\_\_\_\_

Why are you interested in being a part of TAG? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other activities are you involved in? \_\_\_\_\_

\_\_\_\_\_

**Crown Point Community Library Teen Advisory Group Member Contract**

Please initial next to each requirement indicating that you have read and agree to these policies.

I, \_\_\_\_\_,

\_\_\_\_\_ Will be punctual for all programs and meetings, and give notice to the Library as soon as possible if I am unable to perform my duties.

\_\_\_\_\_ Will show respect to everyone with whom I work.

\_\_\_\_\_ Will complete assigned tasks to the best of my ability.

\_\_\_\_\_ Will be enthusiastic about volunteering!

\_\_\_\_\_ Will dress appropriately and maintain a neat appearance.

\_\_\_\_\_ Will not allow personal conflicts to interfere with my performance and interactions with others.

**\*\*Failure to comply with this contract could result in removal from the Teen Advisory Group!\*\***

**For Teens:** I certify that all statements in this application are true and complete to the best of my knowledge. I have read and initialed each item in the Member Contract and agree to adhere to these policies.

I am aware that being a member of TAG requires a time commitment of 2 hours for meetings quarterly, and 5 volunteer hours annually.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Parent/Guardian:** As the legal guardian of the participant of the Crown Point Community Library Teen Advisory Group, I will also adhere to these policies. I understand that my teen is expected to attend all meetings and is responsible for any additional hours for which they agreed to volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

