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 7th through 12th 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: _______________________

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