



Clear Creek Library District

Teen Advisory Board Application

Name: _____

Address: _____

Phone: _____

Email: _____

Grade: _____ School _____

Do you have a library card?

Best way to contact you?

In case of emergency, please contact:

Relationship to you:

Emergency Contact Number:

Tell us about yourself!

1. Why do you want to be a member of the Teen Advisory Board (TAB)?

2. What kinds of materials do you enjoy reading?

3. What's your favorite book of all time?

4. What is your ideal teen program?

5. Are you willing to help plan and participate in programs offered by the TAB?

6. What talents, skills or experience would you bring to the TAB?

8. Are you able to regularly attend TAB meetings the third Thursday of each month from 4:00-5:00pm?

Parent/guardian signature: (required if you are under 18)

Parent/guardian signature Date _____

Your signature:
