



TEEN ADVISORY GROUP Application @ Main

Today's date: _____

Name: _____ Birthdate: _____

Address: _____

Phone: _____ Email: _____

Age: _____ Grade: _____ School: _____

Name of parent/guardian: _____

Emergency contact name & phone: _____

Preferred form of communication (phone/email?): _____

Please print answers to the following questions:

1. Why do you want to become a member of the Teen Advisory Group (TAG)?

2. Why do you think you would be a good TAG member?

3. What are some of your hobbies or interests?





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4. What do you like most about the Library's services and programs?

5. What changes would you suggest?

6. Are you willing to make a commitment to this group (attend monthly meetings)?

The Library will sometimes photograph events and activities to promote its services. May we have your permission to photograph you along with Library Staff if you are volunteering at these times? (Saying "no" does not keep you from participating in TAG.) Yes_____ No_____

The Library will use the personal information you provide solely to assist us in determining the best use of your skills. I understand that I will not hold RPL, its employees, directors, or funding agencies responsible for any injury while working as a volunteer.

Please return this application to the Richmond Public Main Library.

Your Signature

Date

Parent's Signature (if under 18)

Date

For questions or more information, contact Jenn Deuell at 804-646-4740
or jennifer.deuell@richmondgov.com.