

TEEN ADVISORY BOARD

Application for Membership

Please complete the application below and return it to the Parsippany Public Library's Information Services desk.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Age: _____

School: _____ Grade: _____

What is the best way to contact you?

Phone Email Other: _____

Please list some of your special interests and extracurricular activities:

Why do you want to be a member of the Teen Advisory Board?

Are you willing to review books orally at our meetings, and in written form for our online newsletter?

Yes No Maybe

Are you willing to participate in special programs and activities?

Yes No

Have you volunteered or worked in a library before?

Yes No

I am aware my teen is applying for a TAB position at the Parsippany Public Library. I have read the information and responsibilities associated with the Teen Advisory Board. I understand that my teen is applying for a year of volunteer service. Their service as a member of the Teen Advisory Board can be used for community service hours, only if their responsibilities are fulfilled.

Parent Signature: _____ **Date:** _____

Teen Signature: _____ **Date:** _____

The library is the
♥ of the community

