

Application for Troy-Miami County Public Library Teen Advisory Group (TAG)

Students in 6th - 12th grades who enjoy the following are encouraged to apply:

- Reading and talking about books
- Helping plan teen events and marketing/advertising programs to others
- Volunteering their time to better the library community
- Working together, making new friends, and having fun at the same time
- Expressing their opinions on library services and resources
- Getting experience for resumes and future jobs/opportunities

Date _____ Age _____ Grade _____

Name _____ Phone _____

Address (include ZIP code) _____

E-mail _____ School _____

Name and email of teacher reference _____

(Please make sure your reference will check their email during the summer.)

Answer the following questions (use another sheet of paper if necessary):

1. Why do you want to join the Teen Advisory Group?

2. What would you suggest to improve the library's services to teens?

3. What are some of your hobbies and interests? (Be sure to include clubs and sports.)

4. What are some of your favorite authors, books, and/or book series?

5. What issues do you think teens in your community face? List ideas for helping teens in your community.

I am applying to be a member for:

_____ 1 Year

_____ 2 Years

Diversity is important in the composition of the Teen Advisory Group. What unique point of view would you bring to the meetings?

Please read the application carefully. By signing below, I agree to the following:

- I will attend TAG meetings on the 3rd Monday of the month at 4:00 PM.
- I will notify Janine if unable to attend a meeting.
(3 unexcused absences may result in your forfeiting your position in the group.)
- I will check the email I have provided at least four times a week.
- I will join Summer Reading Club.
- I will assist with at least one project a month, as needed.
- I will remember that ***I represent the library*** and will respect and work with the other members of TAG.

I have read and understand the TAG requirements and expectations, and I am willing to be an active member. I understand that I may be removed from the TAG in the event I fail to meet TAG expectations.

Teen Applicant Signature: _____

Parent/guardians' permission and acknowledgement that your child will need to have some form of transportation to and from meetings (Librarian cannot transport members).

I am aware my teen is applying for membership in TMCPL's Teen Advisory Group (TAG). I have read and understand the expectations of TAG members and support my teen in participating in this activity.

Parent Signature: _____

***Please return your application to the circulation desk or mail it to Janine Sadler, Troy-Miami County Public Library, 419 W. Main St., Troy, OH 45373 by July 15, 2022. Please call Janine at 937-339-0502 ext. 122 with any questions.**

