

Teen Advisory Group Application

Name:	
Address:	
City / Zip	
Phone:	
Email:	
Grade / School:	
How often do you visit the library?	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/>
What is your favorite book and why?	
What do you like most about the Library?	
What do you like least about the Library?	
Can you commit to attending meetings and assisting in programs for at least a year?	Yes <input type="checkbox"/> No <input type="checkbox"/>