Walnut Springs Library

Teen Advisory Board Application

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|  |  | **Student (Applicant)** |  | **Parent/Guardian(s)** |
| **Name** |  |  |  |  |
| **Grade / HR** |  |  |  |  |
| **Phone** (optional) |  |  |  |  |
| **Email** (optional) |  |  |  |  |

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| Reasons to join the Teen Advisory Board: |  | Responsibilities of a Teen Advisory Board Member: |
| * Have a voice in planning programs for you and your friends (including makerspace activities).
* Help choose books and magazines in the library.
* Meet new friends and readers who like what you like.
* Volunteer and become involved in your school community.
* Earn special library privileges.
* It’s fun!!
 |  | * Attend most meetings and be an active participant (meetings will be during lunch & possibly after school).
* Be a responsible library user.
* Maintain at least a “C” average in every class.
* Help to promote the WSMS library.
* Help promote reading at WSMS and suggest books
* Set an example of appropriate library behavior for your peers.
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Please answer the following questions as completely as possible. You may answer on another sheet.

Why would you like to be a member of the Teen Advisory Board?

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What library programs and activities would you like to see implemented and/or be involved in?

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We are looking for members who are willing to read a variety of types of books, although it is fine if you prefer a certain kind (like science fiction, romance, historical fiction, manga, etc.).

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| What kind of books do you enjoy reading? | What kind of books do you dislike? |
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What skills, traits, or special talents do you have that would be a great asset to this group?

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Favorite authors, music, other?

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What are some of your hobbies and interests?

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Do you regularly participate in community or afterschool activities (sports, clubs, etc.)? If so, briefly describe and provide day/time:

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If you have a study hall, would you be willing to help out in the library during that time?

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| YES / NO (circle one) | If YES: which period are you available? (ex. ACE 7/8) |  |

This group is for YOU!!!

It will be what YOU make of it and what effort YOU put into it.

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| --- | --- | --- | --- | --- |
| Student Signature |  |  | Date |  |
| Parent Signature |  |  | Date |  |

*Questions? Contact Mrs. Trimble at* *trimblej@wcsoh.org* *or 614-797-6725*