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. |

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*](mailto:trimblej@wcsoh.org) *or 614-797-6725*