Teen Advisory Board Application: Teens Grades 6 – 12
Homewood Public Library
1721 Oxmoor Road
Homewood, AL 35209
(205) 332-6600

Want to make a difference and offer your voice in the library and in the community? The Teen Advisory Board’s goal is to promote library services to teens by:

- Creating, planning, and advertising teen programs.
- Writing articles and reviews for the teen blog on the website.
- Assist with Library programs

Name ____________________________________________________________

Address _________________________________________________________

City ___________________________ Zip ___________ Birthday __________

Age _______ Grade _______ Graduation Year _______ School ________________________________

Parent’s or guardian’s name ____________________________________________

Best Phone Number to Reach You _______________________________________

Parent’s Email Address ______________________________________________

REFERENCES (Please list two adults who are not related to you):

NAME: ___________________________ RELATIONSHIP: _______________ Job Title: ___________

YEARS KNOWN: _______ PHONE: ______________ EMAIL: ___________________

NAME: ___________________________ RELATIONSHIP: _______________ Job Title: ___________

YEARS KNOWN: _______ PHONE: ______________ EMAIL: ___________________

TURN PAGE OVER TO CONTINUE APPLICATION
1. Why do you want to be a member of the Teen Advisory Board (TAB)?

2. TAB meets for at least one hour once a month. Can you commit to meeting one hour a month?
   _____Yes       _____No

3. TAB members may also volunteer to assist with Library programs. Would you be willing to do this?
   _____Yes       _____No

4. Please list any extracurricular school activities that you are currently active in.

5. List some ideas you have for awesome teen programs that could happen at the library!

__________________________________________  __________________________
Signature of Applicant                     Date

I am aware my teen is applying for a position on the Homewood Public Library’s Teen Advisory Board.

__________________________________________  __________________________
Signature of Parent/Guardian               Date