

Date\_\_\_\_\_

### Lewisville Public Library – Teen Advisory Group (TAG) Application

Name\_\_\_\_\_

Birthdate\_\_\_\_\_

Address\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

School\_\_\_\_\_ Grade\_\_\_\_\_ Age\_\_\_\_\_

Email address\_\_\_\_\_

Parent's/Guardian's Names\_\_\_\_\_

Parent's/Guardian's Phone\_\_\_\_\_

Please answer the following questions:

Are you willing to plan/participate in programs planned by TAG?\_\_\_\_\_

Are you willing to review books or other materials for the Lewisville Public Library\_\_\_\_\_

Why are you interested in becoming a TAG member?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of teen events, teen programs, and teen classes do you think should be offered?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your interests, hobbies or special talents?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a member of TAG you are expected to attend one TAG meeting a month and participate in 2 or more TAG planned activities each year. Are you willing to make this commitment?\_\_\_\_\_

Please return completed application to the Youth Services Desk of the Lewisville Public Library. For more information, please contact Elizabeth Hanisian, Teen Librarian, at 972.219.3577 or ehanisian@cityoflewisville.com