



Teen Advisory Group (TAG) Membership Application

For individuals 12-18 years old.

Please review the volunteer handbook prior to completing this application.

Contact Information

Name _____ Date of application _____
Address _____ Age _____ Grade _____
City, State, Zip _____ Birthdate _____
School _____
Teen Phone _____ (if available)
Email address _____
Name of Parent/Guardian _____
Emergency Contact _____ Phone _____

General Information

Grand County Library District's Teen Advisory Group (TAG) is for local middle + high school students who are interested in making a difference at their libraries. TAG members play a crucial role in:

- Planning and marketing teen events
- Developing the library's young adult collection
- Creating a welcoming and safe environment for other teens at the library

Interests & Special Skills

Please answer the following questions as completely as possible.

1. Why do you want to become a member of the Teen Advisory Group?
2. What are you interested in (check all that apply)?
 - ☐ Writing and books
 - ☐ Technology
 - ☐ Programs and events
 - ☐ Picking out library materials
3. What type of materials have you used at the library (check all that apply)?

☐ Fiction books	☐ DVDs
☐ Non-fiction books	☐ Gaming system
☐ Graphic novels/Manga	☐ Computers/Internet
☐ Audiobooks	☐ Online resources/databases
4. What are your favorite hobbies?

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5. What is your favorite book genre (for example fantasy, sci-fi, realistic fiction, mystery, non-fiction, etc.)?
6. Have you read any good books or attended fun library programs lately (list a couple)?
7. What kinds of programming would you like to see for teens?
8. What do you think is the most challenging issue teens face today?
9. How would you make the library more appealing for teens?
10. Would you be willing to act crazy with us?
___ YES ___ NO
11. Would you be dedicated to attend TAG meetings on a monthly basis?
___ YES ___ NO
12. TAG meets at Granby Library. What days and times would work best for you to meet?
Please list availability here:

We will reach out to you via text message regarding upcoming meetings and events. Please make sure the phone numbers provided are accurate.

Thank you for expressing an interest in TAG. Please drop your application off at your home library or email it to: cnewell@gcld.org

Signatures:

Student Signature _____

Date _____

Parent/Guardian Signature (if under 18) _____

Date _____

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