

Woodbridge Public Library Teen Advisory Group Application

Please complete the following application and return it to the Woodbridge Public Library Reference Desk.
Questions? Call 732-634-4450 or visit the library and speak to the Teen Services librarian.

NAME	
ADDRESS	
PHONE	
EMAIL	
WHAT'S THE BEST WAY TO CONTACT YOU?	<input type="radio"/> TEXT <input type="radio"/> EMAIL
SCHOOL	
GRADE	
BIRTHDATE	
WHY DO YOU WANT TO JOIN THE TAG?	
WHAT PROJECTS OR CAUSES WOULD YOU LIKE TO SEE THE TAG SUPPORT?	
HAVE YOU VOLUNTEERED AT THE LIBRARY BEFORE?	<input type="radio"/> YES <input type="radio"/> NO
ARE YOU A WOODBRIDGE TOWNSHIP RESIDENT?	<input type="radio"/> YES <input type="radio"/> NO
WHAT ARE SOME OF YOUR INTERESTS AND EXTRACURRICULAR ACTIVITIES?	



WHAT ARE SOME BOOKS, MOVIES, OR MUSIC YOU LIKE?	
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TEENS: By completing this form, I agree to attend meetings on a regular basis to the best of my abilities (excessive absences will result in removal from the group), and to support the Teen Advisory Group by planning, promoting and attending programs and activities, including the Summer Reading Program. I understand the responsibilities of the TAG and that members will receive community service hours for TAG participation. These hours are accrued by attending meetings and programs and by participating in other TAG activities.

PARENTS/GUARDIANS: I am aware my teen is applying for a position with the Woodbridge Public Library Teen Advisory Group. I have read the information and responsibility associated with the TAG and I understand my teen is applying for volunteer service. Their service as a member of the TAG can be used on a college or employment resume, but only if their responsibilities are fulfilled.

TEEN SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____