

Teen Advisory Board Application Chattahoochee Valley Regional Library System

Please fill out the following information on this form and return to Brijin Boddy, Teen Librarian, at the Columbus Public Library Teen Desk. (please, print legibly)

Name: _____ Age: _____

School: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Help us get to know you by answering the following questions. Please use a separate sheet of paper.

Why do you want to be a member of the Teen Advisory Board?
What are some of your hobbies and interests?
Tell us about your favorite book.
Please list your extracurricular school activities.

I have read and understand the duties and qualifications for Teen Advisory Board members.

Teen Applicant Signature: _____ **Date:** _____

I am aware my teen is applying for a position on the Chattahoochee Valley Regional Library System Teen Advisory Board.

Parent/Guardian Signature: _____ **Date:** _____