NAME

SCHOOL

GRADE

AGE

PHONE

BIRTHDAY

E-MAIL

Which is the best way to contact you?  Phone   E-Mail

Why do you want to participate in the Teen LEAD Program?

__________________________________________

__________________________________________

Do you have any ideas that you would like to see Teen LEAD Develop? If so, give an example here:

__________________________________________

Teen LEAD meets for at least one hour, twice a month. Can you commit to attending at least one meeting a month for the 2019-2020 school year?

☑ YES     ☐ NO

What are some of your hobbies and interests?

__________________________________________

__________________________________________

Have you read any good books / listened to any good music / watched any good movies lately? If so, give us some examples.

__________________________________________

__________________________________________

In what areas do you have the most interest? (Check all that apply)

☐ Advising non-fiction selection

☐ Planning Teen events

☐ Advising fiction selection

☐ Volunteering at events & programs in the Teen department (other than Teen LEAD)

☐ Volunteering at events & programs in the Children’s department

☐ Adding and /or writing reviews and articles for the Youth Services Blog or other library publications

☐ Advising graphic novel & manga selection

☐ Friends of the Library Student membership

☐ Assisting with the Friends of the Library Book Sale

☐ Volunteering during the Summer Reading program