



# Teen Advisory Board Application

## PERSONAL INFORMATION:

Name \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Other Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ *Applicants must be at least 12 years old.*

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

At which library do you want to join the Teen Advisory Board (TAB)? Circle your choice(s).

Civic Center    Mustang    Palomino    Arabian    Appaloosa

## PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Other Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## PHOTO RELEASE:

I allow the City of Scottsdale and/or the Scottsdale Public Library System to use my child's picture in printed publications and/or on our website.

Parent or legal guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

♦ We appreciate your interest and support of the Library.

# Thank You!

