

Teen Advisory Board Application Form

| To be completed by applicant: | |
|---|---|
| Name: | Age: |
| Email (please print): | |
| School: | Grade: |
| Why do you want to serve on this Teen Advisory Board?(cc | ontinue on back if needed) |
| | |
| | |
| Are you able to attend Zoom meetings? Yes No | |
| Are you able to attend outdoor meetings at the library? Yes | No |
| I acknowledge The Auburn Public Library Teen Advisory Bodesigning the teen space in the library. This includes: selection and other ways to improve the teen space. My commitment attending occasional 30 minute design meetings via Zoom or sour Literacy Theater and serving for a six month appointment. | ing furniture, furniture arrangement, t to this advisory board will require ocially-distanced outdoor meetings in |
| Teen Applicant's Signature: | |
| To be completed by parent/guardian: | |
| Parent/Guardian Name: | |
| Parent/Guardian Phone Number: | |
| Parent Permission: | |
| I, | |
| Public Library Teen Advisory Board. I understand that my tee meetings and serve on this board for a six month period. | , to participate in The Auburn en is making a commitment to attend |
| Parent/Guardian Name (please print): | |
| Parent/Guardian Signature: | |