



Westminster Public Library Teen Advisory Board

WESTMINSTER

Application for Membership

Name _____ Date of application _____

Address _____ Phone _____

City, State _____ Zip _____ Age _____ Grade _____

School _____ Birthdate _____

E-mail Address _____

Name of Parent(s)/Guardian(s) _____

Emergency contact: _____ Phone _____

The mission of TAB is to promote library services to teens at College Hill and Irving Street Libraries by:

- Advising, planning and implementing teen programs.
- Writing articles, reviews and creative works for the *Teen Underground* newsletter.
- Designing and maintaining the Teen Web Site.
- Promoting ideas, reading, programming and expression by and for teens by creating bulletin boards and displays in the young adult area.
- Recommending books, movies, music CDs and magazines for the young adult collection.
- Creating an inviting teen area in the library.

Please answer the following questions as completely as possible. Use as much space as you need!

1. Why do you want to become a member of the Teen Advisory Board?

2. What are you interested in? Circle all that apply.

Writing	Computers/Web Design
Programs	Arts/Graphics/Crafts
Selecting library materials	Clerical/office tasks

3. What TAB service goals are you most interested in working on? Circle all that apply.

Programming	Newsletter
Website	Bulletin Board/Displays
Selecting library materials	Teen-friendly space design

4. What types of materials have you used at the library? Circle all that apply.

Fiction	Nonfiction
Biographies	Graphic Novels/Manga
Audiobooks	DVD/VHS movies
Music CDs	Magazines
Internet	Databases

5. What good books have you read lately? (Please list 5 or more.)

6. What types of materials are you willing to review and write about for our newsletter *Teen Underground*?

7. What kinds of programming would you like to see for teens?

8. What do you like or dislike about the [Teen Underground](#) website?

9. What do like or dislike about the teen area at the College Hill or Irving Street Library?

10. What do you think is the most challenging issue teens face today?

11. Is there anything else you would like us to know as we consider your application?

Signed (Volunteer) _____ Date _____

I have read the application form, and give my permission for my son/daughter to be a Teen Advisory Board member.

Signed (Parent/Guardian) _____ Date _____

Signed (TAB Advisor) _____ Date _____

Thank you for your interest in the Westminster Public Library's Teen Advisory Board. Please bring this application to the Children's Desk at College Hill Library or Irving Street Library. The TAB advisor will contact you soon.

College Hill Library
3705 W 112th Ave
303-404-5106

Irving Street Library
7392 Irving Street
303-430-2400 ext. 2306