

Peru Public Library

Teen Advisory Group



Meets: Last Friday of Every month

Time: 3:30-4:45

Where: Lower Level Meeting Room

Why: Help the TAG Advisor make the library a more useful and fun place for teens to be!

Mission

TAG fosters involvement making the library useful and fun for teens while providing volunteer opportunities. TAG suggests material, programming, and services for the library.

The Peru Public Library strives to create a teen-friendly space that allows them to express their opinions, make friends and connect with the community.

Membership

TAG Membership is open to any individual between the ages of 12 and 18.

They must submit an agreement form signed by themselves and a parent/guardian.

Member requirements:

- Between the ages of 12 and 18
- Commit to serving a 1-year term through active involvement
- Make every effort to attend 9 of 12 TAG meetings each year
- Assist with a minimum of 6 Teen Programs per year
- Contact the TAG Advisor if unable to attend a scheduled meeting/event
- Conduct themselves according to the TAG Code of Conduct

Benefits

Earning volunteer hours that count towards community service requirements, meeting other teens who love to read, getting experience to add to college applications and resumes, and more!

Peru Public Library Teen Advisory Group Application

Please answer the following questions in clear handwriting.

1.	Why do you want to be part of the Teen Advisory Group?
2.	What would you suggest to improve library services to area teens?
3.	List some of your ideas for programs, books, music, magazines, and technology you think other teens might enjoy
4.	Would you be willing to review books, music, or movies for publication on the library's website or elsewhere? Please circle one! Yes No
5.	What are some of your hobbies and interests? Be sure to include sports, school clubs, clubs outside of school, etc.
6.	What talents or skills do you have that would benefit the Teen Advisory Group (public speaking, writing, art, music, photography, etc.)?

Peru Public Library Teen Advisory Group Application

Full Name:	Т	oday's Date:
Preferred Name:	Date of birth:	
Preferred Pronouns:		
Can I use these pronouns with parents/guardia	ns? Yes	No
Current Age: Grade Level:	Expecte	d Graduation Year:
School:		
Will you be reporting community service hours?	? Yes	No
If yes, will it be digitally or paper?	igital	Paper
Email:		
Home Phone: ()	_ Cell Phone: ()
What is the BEST way to contact you? Check al	I that apply:	
Text Call		
Social media handle (please idicate which platf	orm for each handle):	
Social media handle (please idicate which platfo	Yes	No
		No
Social media handle (please idicate which platfo	Yes	No
Social media handle (please idicate which platform platform) Do you have your own library card?	Yes	No
Social media handle (please idicate which platform of the plat	Yes up?	No
Do you have your own library card? How did you hear about the Teen Advisory Gro Parent/Guardian Information: Name:	Yes up?	
Social media handle (please idicate which platformation: Name: Relationship to you:	Yes up?	
Do you have your own library card? How did you hear about the Teen Advisory Gro Parent/Guardian Information: Name: Relationship to you: Home Phone: ()	Yes)
Social media handle (please idicate which platformation: Name: Relationship to you:	Yes)
Social media handle (please idicate which platformation: Name: Relationship to you: Parent/Guardian Email: Parent/Guardian Email:	Yes	es No