

Teen Advisory Group (T.A.G) Application Form

Name:

Grade:

Email:

Phone Number:

How do you want to be contacted if selected? (Circle one or more)

Email

Phone Call

Text Message

Do you have a Claresholm Public Library Card? (Circle answer)

Yes

No

What do you like to do in your spare time? (Circle as many as you'd like)

Play video games

Read

Write stories or poetry

Watch Movies

Spend time outdoors

Plan parties/events

Hangout with friends

Use Instagram, Snapchat,
Twitter, Facebook, etc.

Volunteer

Listen to music

Blog/Vlog

Sports/Work out

Sleep

Cooking/baking

Other (tell us what interests you):

Why do you want to become a T.A.G. member?

What cool ideas or special skills do you have that you would like the library to know about?