

Springfield Public Library Teen Advisory Board (TAB)

Today's Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

School: _____ Grade: _____

Age: _____

Name of Parent/Guardian: _____

In case of emergency, contact: _____

Relationship: _____

Contact address and phone: _____

Please answer the following questions:

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

2. What do you like to read?

3. What are your interests?

4. Describe your use of the Springfield Public Library (there are no wrong answers – even if you have never been here before):

5. What skills would you bring to the library's Teen Advisory Board?
Are you willing to work together with a group?

6. What is an idea you have for a young adult program we could offer at the library?

Please submit to:
Springfield Public Library
Attn: Carrie Schindele-Cupples
225 5th Street
Springfield, OR 97477
scupples@ci.springfield.or.us