

# Springfield Public Library Teen Advisory Board (TAB) Application

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact address and phone: \_\_\_\_\_

Getting to know you:

1. How did you find out about the Teen Advisory Board? Why do you want to join?

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2. What do you like to read?

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3. What are your hobbies and after-school interests?

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4. Why do you visit the Springfield Public Library? Check all that apply.

- To borrow books, movies, magazines, music, etc.
- To use computers
- To hang out, read, look at magazines, be with friends
- To do homework
- Other \_\_\_\_\_

5. Please provide an idea for a teen program at the library.

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6. Teen Advisory Board Meetings are the third Thursday of every month from 4:30-5:30pm. Are you able to make the commitment to attend the meetings?

- Yes
- No

**Thank you for applying!** You will be contacted for an interview with the Teen Services Librarian.

Please submit this application to:  
Springfield Public Library  
Attn: Carrie Schindele-Cupples  
225 5<sup>th</sup> Street  
Springfield, OR 97477  
scupples@springfield-or.gov