

Corvallis-Benton County Public Library
Teen Advisory Group
Membership Application



Date of Application: _____
Name: _____
Address: _____
Phone: _____ Email: _____
School: _____ Grade: _____
Birthdate: _____ Age: _____ Pronouns: _____
Emergency Contact: _____ Phone: _____

Tell us about yourself and why you're interested in becoming a Teen Advisor!

1. Your major interests: _____

2. Any volunteer experience you have: _____

3. Three books you read, LOVED, and recommend: _____

4. Are you willing to participate in teen events, programs, and volunteer workgroups? Yes No

5. Why do you want to be a Teen Advisor? _____

6. Describe a library event you have gone to or one that you'd invite a friend to:

7. Imagine you are throwing a party for other teens. How you would let other teens know about it?

Signature: _____ **Date:** _____

Please submit to:
Youth Services—Emily Schilling | Corvallis-Benton County Public Library
645 NW Monroe Ave Corvallis, OR 97330
Questions?
Contact Emily @ 541-766-6707 or emily.schilling@corvallisoregon.gov