

Hopkinton Town Library Teen Advisory Council Application

1. What positive qualities do you have that would benefit our committee?
Please be specific in your answer.

2. What changes would you make so the library better benefits teens?

3. What sports/extracurricular activities are you involved in?

4. What are your hobbies and interests?

5. Tell us about a good book you've read recently.

6. What days and times are you available for meetings?

Name_____

Address_____

School and Grade_____

Phone Number_____

Email Address_____

Hopkinton Town Library
Parent Release Form

I, the undersigned, do hereby grant or deny permission to Hopkinton Town Library to use an image/voice/video of my child for use in explaining and promoting the programs at the library. This may include printed materials such as newspaper articles, brochures, newsletters, videos, and digital images.

_____ Deny permission to use my child's image and name.

_____ Grant permission to use my child's image and name.

Child's Name _____

Parent/Guardian signature _____

Date _____

Hopkinton Town Library
Teen Advisory Board Application

Mission: to make the library a more appealing place for teens.

Objective: The main objective of the TAC is to involve teens by seeking their ideas on programs and services specifically for teens, thereby improving the Young Adult Services at the Hopkinton Town Library.

Possible Tasks for TAC members:

Help to plan, organize, and participate in programs.

Publicize the library's teen activities to peers.

Benefits of TAC participation:

Input in library planning for teens

Community involvement

Reference for resume and college applications

TAC Participants must:

Be a student in grades 6-12 (13-18 years old)

Have parental permission

Hold a Hopkinton Town Library card

Attend meetings*

Be the only family member on the HTLTAC (no siblings)

*Participants can be excused from a meeting by calling or e-mailing the advisor prior to the meeting. Failure to notify the advisor will result in an unexcused absence. Three unexcused absences will result in removal from the council.

Application must be received by April 30.

Applicant _____

Parent/Guardian _____ Date _____

