

Coralville Public Library

Teen Advisory Board Application

Name _____ Phone _____

Address _____ Grade _____

School _____ Email address _____

The Coralville Public Library is pleased that you are interested in becoming a board member. We encourage you to complete this application thoughtfully and thoroughly. We will consider your application at our earliest opportunity and may contact you to set up an interview. Space is limited, and only those applicants sincere about participating actively will be selected. Please help us get to know you by answering the following questions.

1) What are some of your hobbies and interests?

2) What is one of your favorite books of all time? Tell us about it.

3) What are some other good books you've read lately?

4) Why do you want to be a member of the Teen Advisory Board?

5) What ideas would you like to see the Teen Advisory Board develop?

6) The Teen Advisory Board meets monthly on the first Monday of each month at 7:00 p.m. during the school year. Can you commit to this time each month?

7) Please list your extracurricular school/ other activities and a schedule if you have one.

8) Have you discussed your participation on the Board with your parent or guardian?

Signature_____ Date_____