Application for Teen Advisory Committee

Please complete and return to the Youth Services Desk at any branch of the Newport News Public Library

Date ____________________________

Name ____________________________________________

Address __________________________________________

Phone ____________________________________________

Email Address ______________________________________

School ____________________________ Grade ________________

Library location that you regularly visit _______________________________

Please help us get to know you better by answering the following questions. Use back of form for answers.

What are some of your hobbies and interests?

What is your favorite book of all time? Tell us about it.

What are some other good books you have read lately?

Tell us why you are interested in serving on the Teen Advisory Committee.

When will it be most convenient for you to meet? Circle days and times:

M  T  W  TH  F  S

4:00 to 5:00 p.m.  7:00 to 8:00 p.m.  Sat. 11:00 a.m. to 12:00 noon or 1:00 to 2:00 p.m.

Please have a parent read and sign below.

I am aware that my teen is applying for a position on the Newport News Public Library Teen Advisory committee.

__________________________
Signature of parent or guardian