Teen Advisory Committee Application

Teen Advisory Committee meetings are currently held on the first Friday of each month from 5:30-6:30PM.

Personal Information

Name: ____________________________ Gender: ______________

School: ____________________________ Grade: ______________

Contact Information

Please list the BEST way to contact you via:

Phone: ____________________________ Email: ____________________________

This phone number is ☐ home ☐ cell phone. This email is ☐ mine ☐ my parent’s.

This number is ☐ mine ☐ my parent’s.

Additional Phone or Email (optional): _______________________________________

The Teen Advisory Committee (TAC) promotes library services and programs to Payne County teens in the following ways:

- Planning and preparing teen programs, including FRIBRARY events and Summer and Winter Reading programs
- Promoting reading and library programs by creating displays in the Young Adult area
- Helping set up before and/or clean up after teen programs
- Sharing teen programs with peers at school, on social media, and in the community

Why do you want to join the Teen Advisory Committee?

Do you have any extra-curricular activities (such as sports or a part-time job)? ☐ Y ☐ N
If yes, please list (activity, hours per week):

Do any of these activities interfere with your ability to attend meetings regularly? ☐ Y ☐ N
If yes, please explain:
About how many books have you read in the past month, and which did you most enjoy?

Do you have a favorite book? What is it?

List one thing you’ve enjoyed about teen programs at the library, and briefly explain why.

List one thing you dislike about current teen programs and explain how you would improve it.

If you could change anything about the library in order to encourage more teens to use it, what would it be and why?

By submitting this form, you agree to attend the monthly meetings (see page 1 for times and days) and at least one other FRIBRARY event (Fridays, 6:30-8:30PM) each month.

Sign ___________________________________________ Date ________________

Parent/Guardian:
I am aware my teen is applying to serve on the Stillwater Public Library’s Teen Advisory Committee, which is a commitment to attend the monthly meetings (see page 1 for times and days) and at least one other FRIBRARY event (Fridays, 6:30-8:30PM) each month.

Sign ___________________________________________ Date ________________