



**Teen Advisory Board Application**  
**Stillwater Public Library**  
224 Third Street North, Stillwater, MN 55082



If you have any questions or need more information, contact Shelby Dupre, Youth Services Programming Assistant at 651-430-8761 or [sdupre@ci.stillwater.mn.us](mailto:sdupre@ci.stillwater.mn.us)

Return the completed application to the Public Services Desk at Stillwater Public Library. We meet the first Monday of each month through the school year from 5-6pm.

**Please print.**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

School (Home schooled teens welcome!) \_\_\_\_\_

Grade \_\_\_\_\_

*Please help us get to know you by answering the following questions. Use the back if necessary.*

**What about being involved with the Teen Advisory Board interests you?**

**What are some of your hobbies, interests, and/or extracurricular school activities?**

**Do you have ideas that you would like to see the Teen Advisory Board develop? If so, give us an example.**

Have you read any great books / listened to any good music / watched any good movies lately? If so, give us some examples.

Are you required to fulfill a specific number of volunteer hours? Y N  
If yes, how many? \_\_\_\_\_ By when: \_\_\_\_\_ Required by: \_\_\_\_\_

The Teen Advisory Board meets for at least one hour each month. Can you commit to meeting one hour a month from September – May? Y N

TAB Members are asked to commit to volunteering during teen events (October Read Month, March Teen Tech Week, etc), Friends book sale preparation (twice yearly in the spring and fall), and/or family events (February Take Your Child to the Library Day) involving assisting young children and helping all visitors feel welcome.

I am aware my teen is applying for a position on the Stillwater Public Library's Teen Advisory Board.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_