

**Edwardsville Public Library**  
**Teen Advisory Board Application**

**Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Emergency contact information:**

**Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

Help us get to know you by answering the following questions:

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

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**What are your hobbies and interests?**

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**Tell us about your favorite book.**

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**Teen Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_