

# TAG (Teen Advisory Group) Application

The Chesapeake Public Library provides a variety of volunteer opportunities for teens (grades 6-12). The Teen Advisory Group meets once per month and allows teens to share and exchange ideas and provide service to the library as a group. Teens will have an opportunity to develop new skills and perform a vital service to the community.

www.infopeake.org

## About You:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact:

Phone.

Email.

## Academics:

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Are you required to volunteer?

Yes. How many hours? \_\_\_\_\_

No.

## Emergency Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Community:

Which library is **your** library?

Central Library

757.410.7129

Dr. Clarence V. Cuffee Library

757.410.7034

Greenbrier Library

757.410.7065

Indian River Library

757.410.7005

Major Hillard Library

757.410.7082

Russell Memorial Library

757.410.7024

South Norfolk Memorial Library

757.926.5756

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Commitment:

Volunteering is serious business.

When you agree to serve as a member of the Teen Advisory Group you are expected to attend monthly meetings.

Will you be available to attend meetings once per month?

Yes.

No.

## Teen:

The information is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

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

## Parent:

My signature certifies that I grant permission for my child to participate in the Teen Advisory Group.

My signature certifies that I grant the City of Chesapeake the right to photograph my child, the right to use information provided during an interview, and the right to use said photographs and information in connection with the publicizing or promoting of the City of Chesapeake, its services or departments and agencies, print or online.

Check this box to OPT OUT of having the volunteer recorded for promotional purposes

Signature: \_\_\_\_\_

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