

Volunteer Application  
Middle Country Public Library Teen Advisory Council (TAC)

*Applicants MUST be in Grades 7 – 12 to apply for TAC.*

Please complete this application and return it to Middle Country Public Library, to the attention of:

Michelle Kenney 585-9393 x226 [kenneymichelle@mcplibrary.org](mailto:kenneymichelle@mcplibrary.org)

Or

Rosetta Goddard 585-9393 x270 [goddardrosetta@mcplibrary.org](mailto:goddardrosetta@mcplibrary.org)

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

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

Town \_\_\_\_\_ NY, Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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

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

Teen Advisory Council members help to plan and implement Library Programs, provide input on Teen Services at MCPL, and volunteer at library events. TAC members should be dedicated, creative, and be able to work well with others.

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

*1) Describe yourself – what qualities and leadership skills would you bring to Teen Advisory Council (TAC)?*

*2) Please list any school or extracurricular activities and clubs you are involved with.*

3) *Please list any accomplishments you have achieved in the past two years (i.e. leadership positions, awards, or anything you have done that is important to you).*

4) *Do you have any other volunteer experience? If yes, please explain.*

5) *Do you attend programs at the library? If so, which is your favorite?*

6) *List two (2) program ideas – either programs that Teen Advisory Council could run for others in the library, or programs that you would like to attend.*

7) *Usually, the Teen Advisory Council meets on Monday or Wednesday evenings, once or twice a month. Would you have a problem attending a majority of the meetings?*

***Being a TAC member is a responsibility that requires a time commitment throughout the year. Please read and sign the attached Teen Advisory Council contract in addition to this initial application.***

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

I am aware that my teen is applying for a position on the Middle Country Public Library's Teen Advisory Council.

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



# MIDDLE COUNTRY PUBLIC LIBRARY

101 Eastwood Boulevard, Centereach, New York 11720-2745  
(631) 585-9393 • Telefax (631) 585-6541

## Permission Slip for Use of Photograph/Video

*Please print:*

Name of Participant \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Parent/Guardian (if signing below for a child) \_\_\_\_\_

Program \_\_\_\_\_

**I hereby give my permission to the Middle Country Public Library to use any photos, slides, films or videos taken of my child or of myself during a Library activity for publicity, advertising, and/or promotional purposes.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Self or Parent/Guardian if signing on behalf of a minor*