

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

Or

Rosetta Goddard 585-9393 x270 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