

# Coos Bay Public Library

## Teen Advisory Group (TAG) Application 2017-2018

Please read the TAG information sheet before completing this application.

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

Grade Level (2017-2018): \_\_\_\_\_ School: \_\_\_\_\_

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

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

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

1. How did you find out about TAG?
2. Would you be able to fulfill the requirements outlined in the TAG information sheet?
3. Would you be able to attend TAG meetings once a month?
4. What skills and/or experiences would you bring to TAG? For example, what are your hobbies and/or extracurricular activities?
5. Discussing books and promoting reading is a big part of TAG's mission. What was the last book you read? What did you think of it?

