

Henry County Public Library
Teen Advisory Group Application

Thank you for your interest in the Henry County Public Library Teen Advisory Group (TAG). Here is some basic information about our group. The group meets at least once a month at the public library. Attendance at all meetings is not a requirement to join. The group plans programming, selects materials, and participates in community service projects. Group members receive community service hours for meeting attendance and helping with library programming. If you are interested in joining the group, please fill out the following form, make sure you get your parent's signature, and return the form to the public library. You will receive information soon about the date and time of the next meeting. You can also get updated information about meetings by following the library on Facebook and Twitter and by joining the library's celly account by texting @HCPLTAG to 23559. The password to join is tagyoureit.

Name: _____

Address: _____

Phone #: _____

School: _____

Grade: _____

Why do you want to become a member of TAG?

Please tell a little bit about what kind of community service and volunteer activities you have done in the past?

What do you think will be your greatest strength or asset as part of TAG?

Parent/Guardian Permission Form

I _____ am the parent or guardian of _____.

I understand that my teen has signed up to be a part of the Teen Advisory Group at the Henry County Public Library located at 172 Eminence Terrace, Eminence, KY. I understand that the group meets at the Henry County Public Library at least once a month (attendance is not required at all meetings to be a part of the group).

I understand that this group will help plan library programming, select materials, participate in community service activities, and help in making the public library a friendlier environment for teens. I understand that my child will receive volunteer hours for his/her participation in this and other library programs.

Parent/Guardian Signature

Date

Photograph/Video Release Permission Form

I _____ give the Henry County Public Library permission to use photographs and digital media of my son/daughter. I understand the photographs/media may be used in publication, print ads, or electronic media including online application. I understand that I do not have to give permission to use media of my son/daughter in order for them to participate in the program.

Name of Minor: _____

Parent/Guardian Signature: _____

Date: _____

If you have any questions, please contact Suzanne Banta, Youth Service, at the Henry County Public Library by phone at 845-5682 or email at suzanne@henrylibrary.org.