

## Tween Advisory Group Application

*Erica Testani, TAG Coordinator  
L.E. Smoot Memorial Library  
9533 Kings Highway  
King George, VA 22485*

### About the Teen Advisory Group:

- L.E. Smoot Library's Tween Advisory Group is open to students in grades 4 through 6, ages 10 to 12, residing in King George County
- Why join the Tween Advisory Group?
  - Make new friends
  - Suggest books, magazines, CDs and movies for the library
  - Plan programs & events for you and your friends
  - Gain volunteer experience (for those who are at least 12 years of age)
  - Future membership in the Teen Advisory Board
- What is expected of Tween Advisory Group members?
  - Attending all meetings and contacting the TAG coordinator if you are unable to attend a meeting
  - Being an active participant in the group
  - Attending the programs we plan

### How to Apply:

1. Fill out this form completely and return to the Library's Circulation Desk, mail, or email to Erica Testani, TAG Coordinator– [ysl1@smoot.org](mailto:ysl1@smoot.org).
2. Applicants will be contacted if invited to become a member.
3. NOTE: Simply filling out the application does NOT guarantee acceptance to the TAG, but your application will be kept on file for one year.

**Please print neatly**

Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Current Age \_\_\_\_\_ Grade level \_\_\_\_\_

School: (circle one) King George Elementary Potomac Elementary Sealston Elementary Homeschool Other

Email \_\_\_\_\_@\_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

What is the best way to contact you? (circle one or more)     cell phone     home phone     email

Do you have your own Smoot Library card? Yes/No

How did you hear about the Tween Advisory Group?

***Please answer the following questions.***

1. Why do you want to be on the Library's Tween Advisory Group?
  
  
  
  
  
  
  
  
  
  
2. What would you suggest to improve Library services to tweens?
  
  
  
  
  
  
  
  
  
  
3. List some of your ideas for programs at the Library you think kids your age might enjoy.
  
  
  
  
  
  
  
  
  
  
4. Would you be willing to review library materials for publication on Library's website or elsewhere?
  
  
  
  
  
  
  
  
  
  
5. What are some of your hobbies and interests? (Be sure to include clubs or sports).

**Parent/Guardian Information**

Parent or Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (        ) \_\_\_\_\_ Cell Phone (        ) \_\_\_\_\_

Parent or Guardian Email \_\_\_\_\_@\_\_\_\_\_

**For Parent/Guardian:** *I am aware my tween is applying for a membership on L.E. Smoot Memorial Library's Tween Advisory Group. I also understand that if my tween is under the age of 12 that I am required to be in the library building during meetings and/or programs. If accepted, an additional permission slip will be required.*

Parent/Guardian Signature: \_\_\_\_\_

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

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