



Teen Advisory Library Kouncil Application

***Directions:** Completely fill out this application. If you need extra space, feel free to attach another piece of paper. If you have any questions, leave a message for Carol at (570) 686-7045 or (570) 296-8211 or email her at pcptalk@yahoo.com. Once completed, return to any branch of PCPL and someone from the organization will be in touch with you shortly!*

Name: _____

Email: _____

Phone Number: _____

Mailing Address: _____

Age: _____

Library Card Number: _____

What are some of your hobbies and interests?

Why are you interested in serving on PCPL's Teen Advisory Library Kouncil?

What traits or skills do you have that would make you a good Teen Advisory Library Kouncil member?



Do you have any special skill or talents, such as artistic ability?

What do you most like about the library's services for young adults?

Can you suggest any changes or additions to improve the library's services to teens?

Are there books we don't have that you feel we should add to our collection?

Please list jobs, after school activities, and any other commitments that may interfere with T.A.L.K.



Please keep in mind, PCPL's Teen Advisory Library Council meets once every three months or on an as-needed basis at Dingman Township. We need teens who are dedicated to attending the majority of our meeting. TALK meeting are announced via email. If you do not wish to be contacted by email, please indicate the form of contact you prefer.

If I am chosen to as a member of PCPL's Teen Advisory Council, I agree to:

- Keep the T.A.L.K. mission at the forefront of all T.A.L.K. activities
- Act in a way the positively reflects on PCPL, during T.A.L.K. meetings and programs
- Show respect for other T.A.L.K. members, library staff, and library patrons
- Show respect for library materials and property
- Strive to make use of my time during meetings by staying on task
- Respect the privacy of other T.A.L.K. members
- Inform the designated T.A.L.K. adult advisor if I cannot attend a meeting

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Signature Date

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

Signature of Parent or Guardian Date