



Teen Advisory Board Application

PERSONAL INFORMATION:

Name _____

Home Phone (_____) _____ Other Phone (_____) _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ (Minimum age is 13 for volunteer service.)

School _____ Grade _____

At which library(ies) do you want to volunteer? Circle your choice(s).

Civic Center **Mustang** **Palomino** **Arabian** **Appaloosa**

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name _____ Relationship _____

Home Phone (_____) _____ Other Phone (_____) _____

PHOTO RELEASE:

I allow the City of Scottsdale and/or the Scottsdale Public Library System to use my child's picture in printed publications and/or on our website.

PERMISSION:

Parent or legal guardian's signature _____ Date _____

We appreciate your interest and support of the Library. Thank You!

