

Join our Teen Advisory Group

Leadership through Volunteering

- Be part of a Team that promotes teen programs.
- Advise on Teen books and Movies.
- Make the Library a better place.
- Earn Community Service Hours.
- SAS – snacks always served!



You must commit to meeting once a month.
Please fill out requested information on the form provided.

Name: _____ School & Grade: _____

Address: _____ Graduation Year from HS: _____

Email: _____ Birthday (mm/dd/yy): _____

Home Number: _____ Today's Date: _____

Cell Number: _____ How did you hear about us? _____

Texting? Y/N: _____ T-Shirt Size: _____

Permission to photograph/videotape (Required)

I understand that the Public Library of Catasauqua may photograph or videotape the events or activities in which my child is participating.

I give my permission for the Library to use photographs or videotape of my child for the purpose of promoting the Public Library of Catasauqua and its services/programs.

- Parent(s), please check your choice in the space provided.
- Sign then print your name with the date. Thank you.

Yes, I give permission for the Library to use photos/video of my child/ren for the purposes stated above.

Child's name: _____

No – I do not give my permission to use photos or videos of my child.

Parent's signature: _____

Parent's name (print please): _____ Date: _____

