

THE BLUFFTON PUBLIC LIBRARY TEEN ADVISORY GROUP APPLICATION

Name		City	
Grade		DOB	Age
Home #	Cell #	E-Mail	

PREVIOUS WORK EXPERIENCE	COMPUTER EXPERIENCE

WHY SHOULD YOU BE ON THE TEEN ADVISORY BOARD?

HOW DID YOU HEAR ABOUT T.A.G.?		
1.	Program	
2.	Website	
3.	Friend	
4.	Other	

SPECIAL SKILLS AND QUALIFICATIONS

EXTRA-CURRICULAR ACTIVITIES

Signature of Applicant		Date	
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