



Teen and Tween Advisory Group Application Form

Personal Information	
Last Name:	First Name:
Address:	
City:	Postal Code:
Phone: ()	Email:
Date of Birth:	
Grade:	School:
Languages Spoken:	
Emergency Contact:	Phone:
Have you ever volunteered at the Port Moody Public Library? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when did you volunteer and for which program?	
Why do you want to volunteer for the Teen Advisory Group?	
What is the best event you can image the library having? (In the past we have had Harry Potter parties, crafting programs, board game events, writing workshops, etc.)	
Do you think you work well with others? Give an example.	
What is your favourite book?	
Advisory Club Opportunities	
Which program are you applying for?	
<input type="checkbox"/> Tween Advisory Group – Ages 10-12, every 2 nd Wednesday of the month, 7:00-8:00pm	
<input type="checkbox"/> Teen Advisory Group – Ages 13-17, every 3 rd Wednesday of the month, 7:00-8:00pm	

References

Ages 13+ ONLY: Please provide the name and phone number of two adult references (non-family) who can be reached during regular business hours.

Name:

Phone:

Name:

Phone:

Signature of Applicant

I declare the information provided to be true and complete, and authorize the Port Moody Public Library to obtain references from those named above.

Signature of applicant

Date

Parental Acknowledgement Form

(To be completed for volunteer applicants under the age of 19 years)

I acknowledge that my child _____ has applied as a teen volunteer with the Port Moody Public Library.

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Date

Photo Release

I give / do not give (please select one) Port Moody Public Library permission to publish photographs of my son/daughter for promotional, editorial, advertising or marketing purposes. I understand the photographs can be in any medium including, but not limited to, print, newspaper, magazine, City's website or social media sites.

Signature of Parent/Guardian

Date

Thank you! We appreciate your interest in becoming a volunteer at Port Moody Public Library.

Completed application forms should be returned to:

**Port Moody Public Library, 100 Newport Dr., Port Moody V3H 5C3 Or e-mailed to
askthelibrary@portmoody.ca**

The information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act and shall not be used or disclosed for purposes other than determining eligibility and suitability for volunteering at Port Moody Public Library. Questions regarding the collection of this information should be addressed to the Director of Library Services.