



Teen Advisory Group & Teen Volunteering Interest Sheet

Marathon County Public Library - 300 North First Street, Wausau, WI 54403 - teenzone@mcpl.us - 715-261-7283

Name _____

School _____ Grade _____ Age _____

This application is for: Teen Advisory Group (TAG) Volunteering Both

What kind of materials do you enjoy and how often? (Check all that apply.)

	<u>How Many Each Month?</u>	<u>Name One of Your Current Favorites:</u>
<input type="checkbox"/> Books	_____	_____
<input type="checkbox"/> Magazines	_____	_____
<input type="checkbox"/> Video Games	_____	_____
<input type="checkbox"/> Music	_____	_____
<input type="checkbox"/> DVDs	_____	_____
<input type="checkbox"/> Audio Books	_____	_____
<input type="checkbox"/> Manga/Graphic Novels	_____	_____
<input type="checkbox"/> Blogs/Websites	_____	_____

Circle the MCPL Location(s) at which you would like to volunteer:

Athens | Edgar | Hatley | Marathon | Mosinee | Rothschild | Spencer | Stratford | Wausau

I would like to help with a one-time project: yes_____ no_____

I would like to help with a continuous project at a regular scheduled time: yes_____ no_____

I would prefer to volunteer on: Monday | Tuesday | Wednesday | Thursday | Friday

Time of Day: Morning | Afternoon During which hours: _____ to _____

If applying for Teen Advisory Group:

Yes, I have attached one letter of recommendation from a non-relative adult who has known me and worked with me in school or non-school activities.

Please have your parent/guardian read and sign:

Yes, I give No, I do not give

Marathon County Public Library permission to take photographs and video, in which my teen may be involved with others, for the purpose of promoting the Library. Photographs and video may be posted on the Library's webpage, newsletter, local newspaper, social networking sites, or other printed materials.

Parent/Guardian Signature: _____ Date: _____