

TEEN ADVISORY BOARD APPLICATION

Southern Pines Public Library

Full Name _____

Mailing Address _____

Telephone # _____ E-mail Address _____

School _____ Grade _____

Why would you like to be a member of the library's Teen Advisory Board?

What traits and/or skills would make you a good teen board member?

What are your hobbies and interests?
Extracurricular activities?

Signature _____ Date _____

Print and Mail this application to:

Public Services Librarian
Southern Pines Public Library
170 West Connecticut Avenue
Southern Pines, NC 28387

Thank You!
If you are selected to serve, a library representative will contact you.