Georgetown Public Library
Teen Advisory Committee Application
2023-2024

Are you between the ages of 12 and 18, interested in making the library as awesome as possible for teens, and gaining leadership experience while having fun and making friends? Teen Advisory Committee is for you! The 2023-2024 Session of TAC meets at the library on 2nd and 4th Thursdays at 5:30 p.m., September 2023 through May 2024.

Please complete this application and turn it in via email or drop it off at the Circulation Desk. Teen Services Librarian Margaret Lange will get in touch with you about future Teen Advisory Committee activities. You may contact Margaret at margaret.lange@georgetown.org or (512) 819-3132 for more information.

Teen Advisory Committee members will assist the Teen Services Librarian with:

- Planning teen activities for the library
- Promoting TAC and library events
- Selecting new materials for the library
- Making the library a better place for teens

Name ____________________________________________________________

Phone (parent or guardian) ___________________________________________

Email ___________________________ Birthdate ______ / ______ / _______

School ___________________________ Grade ___________

How often do you visit the library (in-person, curbside, virtual programs, etc.)?

What library programs have you attended and enjoyed?

What programs and services for teens would you like to see at the library?
Why do you want to be on the Teen Advisory Committee?

Describe any previous library or volunteer experience you have had.

The Teen Advisory Committee meets at the library on 2nd and 4th Thursdays at 5:30 p.m. during the school year (September through May).

Can you commit to regular attendance? Yes ____ No ____

I am aware my teen is applying for a position on the Georgetown Public Library’s Teen Advisory Committee.

Signature of parent/guardian ______________________________________________________________

I have read and understand the duties and qualifications for Teen Advisory Committee members.

Signature of TAC applicant ____________________________________________________________