Deschutes Public Library Teen Council Application

Name

Address

Phone number

Is this a cell phone number?  Can we text you?

Email

School  Grade (2018/2019 school year)

Why do you want to be on a teen advisory board?

What ideas do you have for specific programs or opportunities at the library?

What days of the week and times are best for you to meet?  Circle all that would work.

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<td>Morning (10-noon)</td>
<td>Afternoon (12-5)</td>
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<td>Evening (5-8)</td>
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<td>Afternoon (12-5)</td>
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Being part of the library’s Teen Council would be an important commitment of your time. Please let us know of other out-of-school commitments you have.

What is your favorite book of all time?  Favorite movie?

Thanks for your interest in a Teen Council at the library, we will be in contact with you soon!

www.deschuteslibrary.org