

SPLAG

Sycamore
Public
Library
Advisory
Group

Membership Application for teens grades 7-12



To be approved as a member, please fill in the following information and bring it to the youth services desk at the Sycamore Public Library. Meeting dates are posted on the library's online calendar.

Name: _____ Age: _____

Current Sycamore Library card number: 28539100

Address: _____

Phone#: _____ Are texts okay? Y / N Email: _____

School: _____ Grade: _____

What is the best way to contact you? _____

I will follow the following **SPLAG** guidelines:

- I will attend meetings and be an active participant
- I will assist with programs as required
- I will fulfill an additional 12 hours of library volunteer work
- I will arrange my own transportation to and from the library
- I will be courteous and respectful to fellow SPLAG members, library users, and staff

Signature: _____ Date: _____

I have reviewed this information with my teen and we agree to comply with library policies and program rules.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Phone #: _____

