TEENAGE ADVISORY BOARD

APPLICATION FORM



APPLICATION

Applicants should be aged between 13 – 18 years of age. To join simply fill out the details below, get your parent/guardian to sign, and return the form to your local library, or email to dearbhla.sheridan@westmeathcoco.ie

| PERSONAL | INFORMATION |
|------------------------------|--|
| Name Date Of Birth | |
| Date Of Birth | |
| Name of School | |
| Telephone | |
| E-Mail | |
| Are you a member | of the library Yes No |
| PARENT/G | UARDIAN |
| Name | |
| Relationship to applicant | |
| Telephone | |
| E-Mail | |
| | I am aware that my teen is applying for membership of Westmeath Libraries Teen Advisory Board |
| Date | |