

Contact: Marla Smith Youth Services Librarian Bermuda National Library Youth Services 295-0487

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Teen Advisory Board Application

Name:	Date of Birth:	
Home Phone:	Cell Phone:	
Address:		
School:	E-mail Address:	_
Emergency Contact 1	nformation	
Contact:	Phone:	
Relation:	E-mail Address:	
Would you like for your	contact information to be included in the Teen Advisory Board	
Directory? If yes, please	include any alternative information in addition to that provided	
above		_
How did you hear about	the Youth Library Teen Advisory Board?	
Why are you interested	n becoming a member of the Teen Advisory Board?	
Signature of Applicant:_	Date:	

Revised: July 2018