



**Summit County Library  
Teen Library Squad  
Membership Application**

Date of application \_\_\_\_\_

Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Best way to contact you:      Call    Text    E-mail

**The mission of Teen Library Squad is to promote library services to teens at the Summit County Library by:**

- Advising, planning and implementing teen programs
- Recommending books, audiobooks, movies and magazines for the young adult collection
- Promoting the use of the library, and recruiting teen patrons into the library
- Creating an inviting teen area in the library

**Benefits of Teen Library Squad include:**

- Having fun with your peers at the library
- Community service hours
- Leadership experience - this will look great on a résumé or college application!

**What you need to do:**

- Middle school or high school student
- Be willing to share ideas and participate respectfully in all Teen Lib Squad discussions and meetings
- Must attend meetings and any programs Teen Lib Squad is involved with
- Want to make a difference

**Please answer the following questions as completely as possible.**

1. Why do you want to become a member of the Teen Lib Squad?

2. What Teen Lib Squad service goals are you most interested in working on?

- Advertising
- Teen Programming
- Collection-development
- Teen-friendly space design or displays

3. What kinds of programming would you like to see for teens?

4. What do you think is the most challenging issue teens face today?

5. Is there anything else you would like us to know as we consider your application?

I have read and understand the Teen Library Squad mission, guidelines, and duties. I have also taken the time to share and discuss my interest and involvement in the Teen Library Squad with my parent/guardian.

Signed (Volunteer) \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_

I have read the application form, and give my permission for my son/daughter to be a Teen Library Squad member.

Signed (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**Photography Release**

I grant permission to the Summit County Library to photograph me/my children for reproduction on the Summit County Library's website or in other official Library publications or displays or for purposes of promoting the Library and its services, without further consideration or compensation. I understand that the photograph(s) may be used in a public newspaper, magazine, report, or any other public document, or in a video or slide project as part of the outreach activities of the Library. I also understand that the Summit County Library may modify the photograph(s) in the process of editing.

Minor/child (under 18) Name (print) \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

Signed (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in the Summit County Library's Teen Library Squad. Please bring this application to the front desk at the Library. A Teen Library Squad advisor will contact you soon.

Kimball Junction Branch  
1885 W Ute Blvd  
435-615-3900

Kamas Branch  
110 N Main St  
435-783-3190

Coalville Branch  
82 N 50 E  
435-336-3070