



Mississauga Library System Teen Advisory Group (TAG) Application Form

For more information, please contact your branch.

Personal Information

First Name: _____ Family/Last Name: _____

Male Female Birth Date (DD/MM/YYYY): _____

Street Address: _____ Apt. No: _____

City: _____ Postal Code: _____ Home #: () _____

Other/Cell Phone: () _____ E-mail: _____

Best days and time to phone you: _____

If you're in school: Name of institution: _____ Grade/Year, Major: _____

Do you have a Mississauga Library card? No Yes

Have you volunteered at another Mississauga Library program before?
 No Yes, which program? _____ When? _____

Are you currently active in another Mississauga Library volunteer program?
 No Yes, which program? _____

Getting to Know You

Why do you want to join the TAG? (Or why did you join to start with?)

What do you think you can contribute to this group?

Interests/Special Skills

What do you like to read? What music, videos, magazines, etc. do you like?

Contact Person to be notified in case of emergency

 First Name Family Name/Last Name

 Relationship to you () ()

 Phone Number Alternate Phone Number

 Signature Date