



**Teen Advisory Council (T.A.C) Application 2023-2024**  
**\*First Meeting: Wednesday October 25<sup>th</sup> 4:15pm\***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact(s) (Relationship & two phone numbers)

Contact 1: \_\_\_\_\_  
\_\_\_\_\_

Contact 2: \_\_\_\_\_  
\_\_\_\_\_

Email (please use your personal and NOT your school email.): \_\_\_\_\_  
\_\_\_\_\_

List your talents, interests, and other clubs you are a part of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be a part of T.A.C?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What teen program(s)/ event(s) would you like to see at the Boyertown Library?  
Please give a brief explanation of your idea(s).

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If accepted into this program, attendance is expected. If unable to attend a meeting, let Sorcha Smith (Youth Services Coordinator) know ahead of time.

I, \_\_\_\_\_, give my child  
\_\_\_\_\_ permission to participate in T.A.C at the  
Boyertown Community Library.

Parent Signature:

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Student signature:

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Date: \_\_\_\_\_

**FOR YOUTH SERVICES COORDINATOR AND LEAD MEMBER ONLY:**

Applicant Name: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Accept

Possibly Accept

Decline

Sent email verifying decision: YES

NO

NOTES:

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