Mississauga Library System
Teen Advisory Group (TAG) Application Form
2013

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: ___________________________

School: ___________________________ 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: ___________________________

The Personal information on this form is collected under the authority of the Public Libraries Act, R.S.O. 1990, c. P.44, and will be used to select volunteers for the Mississauga Library System. Questions about the collection of this personal information should be directed to the Freedom of Information Co-ordinator, Mississauga Library, 301 Burnhamthorpe Road West, Mississauga, ON L5B 3Y3, 905 615-3200.