



**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.