



## Teen Advisory Group (TAG) Invitation and Permission Form

### About the Teen Advisory Group (TAG):

The Mishawaka-Penn-Harris Public Library's TAG is open to students in grades 6-12. TAG meets at the **Mishawaka Library (209 Lincolnway East)** the **3<sup>rd</sup> Friday** of every month from **4:30-5:30 pm** (unless otherwise noted in our quarterly program guide).

- Why join the Teen Advisory Group?
  - Be an advocate for the library among peers.
  - Provide input on teen programming and assist in preparing crafts/goodie bags for PreK and Elementary programs.
  - Gain valuable volunteer experience for school or church.
  - Looks good on resumes and college applications.
  - Make new friends and have fun!
  
- What is expected of Teen Advisory Group members?
  - Attend regular meetings and programs.
  - Be an active and positive participant in the group.
  - Attend the teen programs we plan.
  - Volunteer time or service to the library to help our Teen Services program and the library system as a whole.

*Please print neatly*

Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Email \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

What is the best way to contact you? Email / Home Phone / Cell Phone

Do you have your own MPHPL card? Yes / No

**Parent/Guardian Information**

Parent or Guardian Name \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Teen:** I am aware of the above expectations for members of the Teen Advisory Group at the Mishawaka-Penn-Harris Public Library. I will do my best to attend the regular meetings and programs of TAG. I will participate in a positive and respectful manner.

**Parent and guardian:** I will do my best to provide transportation for my teen to attend these meetings and programs, and I will support him/her in the TAG’s activities.

*I have read and understand the above:*

Teen Signature \_\_\_\_\_

Teen Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE FORM**

**Children Under 18 Years of Age**

I grant to the Mishawaka-Penn-Harris Public Library, its representatives and employees, the right to take photographs of my child in connection with his/her participation in Mishawaka-Penn-Harris Public Library sponsored teens or childrens’ programming. I authorize Mishawaka-Penn-Harris Public Library, its assigns and transferees, to copyright, use and publish the same in print and/or electronically.

I agree that the Mishawaka-Penn-Harris Public Library may use such photographs of my child with or without his/her name and for any lawful purpose, including publicity, advertising, and web content.

**Parental Permission for Photographs (please circle):**

Yes

No

Mishawaka Library  
209 Lincolnway East  
Mishawaka, IN 46544

Bittersweet Branch  
602 Bittersweet Road  
Mishawaka, IN 46544

Harris Branch  
51446 Elm Road  
Granger, IN 46530