



BERLIN PUBLIC LIBRARY

23 Carter St.

Berlin, MA 01503

Phone & Fax: (978) 838-2812

E-mail: library@townofberlin.com

Teen Advisory Board Application

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

School: _____ Grade: _____

Please help us get to know you better by answering the following questions. Use the back of the form or a separate piece of paper if you need more space.

What are some of your hobbies and interests? _____

Do you have any special skills? (Academic, artistic, computer, crafts, music, etc.): _____

What would you like us to know about you? _____

What books have you read recently that you would recommend to a friend? _____

Please tell us why you are interested in joining the Teen Advisory Board of the Berlin Public Library: _____

Are you able to meet one time per month? _____