

YOUTH ADVISORY BOARD  
APPLICATION

Seminole Community Library

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

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I have read and understand the duties and qualifications for Library Youth  
Advisory Board members.

\_\_\_\_\_  
Signature of Youth

I am aware that my daughter/son is applying for a position on the Seminole  
Community Library's Youth Advisory Board

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