

Robert Lee Brothers, Jr. Memorial Library

Teen Action Group (TAG)

Membership Application

Name _____ Birthdate _____

Address _____ Phone _____

City _____ State _____ Zip _____ Age _____

E-Mail _____

School _____ Grade _____

Parent(s)/Guardian(s) _____

Home/Cell _____ Work _____

What are you interested in?

Why do you want to be a member of the TAG Group?

What kind of programs/events would you like to see for teens?

I acknowledge that I will not be receiving payment for my services and that my status as a volunteer for the RLBJ Memorial Library's Teen Action Group can be terminated at any time.

Volunteer Signature _____ Date _____

I have read the application form, and give permission for my teen to be a TAG member.

Parent/Guardian Signature _____ Date _____

Library Staff Signature _____ Date _____

**Thank you for your interest in the Robert Lee Brothers, Jr. Memorial Library's Teen Action Group (TAG).
Please bring this form back to the library at 301 Saint Joseph Street, Gonzales, TX 78629.**