



*Get  
involved!  
It's YOUR  
library.*

Monday–Wednesday 10–8  
Thursday 10–2  
Friday 10 - 5  
Saturday 10–2  
Sunday 12 noon–4

Raynham Public Library  
760 S. Main St  
Raynham, MA  
02767  
Phone: 508-823-1344  
E-mail:  
ddallaire@sailsinc.org;  
kbrother@sailsinc.org;  
mkimmer@sailsinc.org

[raynhampubliclibrary.org](http://raynhampubliclibrary.org)

2016

# Raynham Public Library



Grades 7-12

Do you have ideas for your library? For books or programs or something else? Are you ready to have a say?



# Teen Advisory Group Application

The Raynham Public Library's Teen Advisory Group's mission is to provide support to the library and serve the community by

- assisting in library programs
- advising the staff on desired age-appropriate materials and programming for Raynham youth
- promoting library materials and services to the youth of Raynham.

These volunteer hours can be used to meet your school's community service requirement.

You're invited to join the group!

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to reach you? Text? Email? Phone?

Age and Grade: \_\_\_\_\_

School: \_\_\_\_\_

Volunteer hours needed? \_\_\_\_\_

If yes, how many hours and when due by?

\_\_\_\_\_

What is your availability?

\_\_\_\_\_

Favorite activities and interests:

\_\_\_\_\_  
\_\_\_\_\_

What service or materials would you like to see at the library?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby grant my permission for my teen/charge to participate in the Teen Advisory Group at the Raynham Public Library and any subsequent volunteer programs.

**Parent signature:**

\_\_\_\_\_