



## Fort Bend County Libraries Teen Advisory Group (TAG) Application

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

School: \_\_\_\_\_ Grade (2026-2027 school year): \_\_\_\_\_

Fort Bend County Libraries Location Applying for: \_\_\_\_\_ Age: \_\_\_\_\_  
(Locations with TAG: Cinco Ranch Branch, Fulshear Branch, George Memorial Library, Missouri City Branch, Sienna Branch, Sugar Land Branch, University Branch)

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please answer the following questions. If you need more room, attach a separate sheet of paper.  
Incomplete applications will not be considered.**

1. Have you participated in Teen Advisory Group in the past? **Yes** **No**
2. Why are you interested in becoming a TAG member?
3. Have you used Microsoft Teams before? **Yes** **No**
4. Teen Advisory Group is more than one meeting a month, and you will be expected to participate outside of our meetings. In addition, program volunteer opportunities will arise each month that you will be asked to help with. You will help plan programs and will be expected to lead and facilitate programs. This averages out to about five hours a month. Is there anything that would/could prevent you from making an active, yearlong commitment to Teen Advisory Group?
5. Do you use Fort Bend County Libraries?
6. Have you ever volunteered at any of the Fort Bend County Libraries in the past? Which one(s)?

*Submit applications via email to [LibTAG@fortbendcountytexas.gov](mailto:LibTAG@fortbendcountytexas.gov) or by dropping them off at the Adult Services Desk at your local FBCL library branch. Applications are due May 29, 2026. If you have questions regarding Teen Advisory Group, please email [LibTag@fortbendcountytexas.gov](mailto:LibTag@fortbendcountytexas.gov)*



7. What special skills would make you an ideal member for Teen Advisory Group?
  
  
  
  
  
  
  
  
  
  
8. How many hours per week or month do you typically have available for volunteer activities?
  
  
  
  
  
  
  
  
  
  
9. Communicating with advisors and other TAG members is done through email. Do you have a personal email? Do you check it often? What would you do to ensure that checking your email is part of your routine as a TAG member?
  
  
  
  
  
  
  
  
  
  
10. Why should you be chosen to join TAG? Be specific.

By submitting this application, I agree to attend all Teen Advisory Group meetings and abide by all Teen Advisory Group guidelines and policies.

Teen Applicant Signature:

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As parent/guardian, I understand my teen must attend all Teen Advisory Group meetings in order to retain membership.

Parent/Guardian Signature:

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## Teen Advisory Group Commitment Agreement

Read through the statements below. Teen and guardian must initial each statement.

- |       |       |                                                                                                                           |
|-------|-------|---------------------------------------------------------------------------------------------------------------------------|
| _____ | _____ | I agree to attend all TAG meetings each month.                                                                            |
| _____ | _____ | I will arrive on time to all TAG events.                                                                                  |
| _____ | _____ | I agree to have an active email on file with the TAG advisors.                                                            |
| _____ | _____ | I agree to respond within 24 hours to TAG emails that require a response.                                                 |
| _____ | _____ | I will make TAG advisors aware that I am going to miss a meeting or TAG event no later than 1 hour before the start time. |
| _____ | _____ | I agree to actively engage in TAG work and meeting discussions.                                                           |
| _____ | _____ | I agree to put away all electronic devices during meetings, workdays, and volunteer opportunities.                        |
| _____ | _____ | I agree to check Microsoft Teams weekly.                                                                                  |
| _____ | _____ | I agree to submit all assignments through the TAG Microsoft Teams board.                                                  |
| _____ | _____ | I agree to complete required monthly advisory questions on time.                                                          |
| _____ | _____ | I agree to plan, prepare, and facilitate two TAG involved events throughout the 2026-2027 TAG year.                       |
| _____ | _____ | I agree to attend five (5) teen library programs of my choice and submit an evaluation survey.                            |
| _____ | _____ | I agree to promote the library and teen programs throughout my community.                                                 |
| _____ | _____ | I agree to abide by the Fort Bend County Libraries' Library Rules of Conduct and Meeting/Conference Room Policies.        |
| _____ | _____ | I agree to listen to and follow instructions from all library staff.                                                      |
| _____ | _____ | I agree to dress appropriately for all library-sponsored events as stated in the TAG Expectations and Responsibilities.   |

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## Teen Advisory Group Commitment Agreement

I have read the FBCL Teen Advisory Group member expectations and responsibilities, and I understand the commitment required of me. Should my application be accepted, I will participate in the scheduled meetings and will make myself available for volunteer opportunities that might arise.

My signature indicates that I will abide by Fort Bend County Libraries' Library Rules of Conduct and Meeting/Conference Room Policies and commit to the expectations and responsibilities of a TAG member. I understand that violation of the Rules of Conduct Policy, Meeting/Conference Room Policy, or failure to perform the duties of a TAG member may result in my immediate dismissal from the Teen Advisory Group.

I have also taken time to share and discuss my interest and involvement in the Teen Advisory Group with my parent or guardian.

This agreement affirms your willingness and ability to carry out assigned expectations and responsibilities, adhere to a schedule, engage in a reliable and consistent manner, and follow policies and procedures.

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TAG Member Signature

Date

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TAG Member Printed Name

I have read the responsibilities and duties of Teen Advisory Group members and understand the commitment that is required by my teen. I will support their efforts and will help them to fulfill this obligation in whatever capacity I am able.

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TAG Parent/Guardian Signature

Date

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TAG Parent/Guardian Printed Name

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