City of Maple Grove
Parks & Recreation Board

Maple Grove Teen Advisory Group
Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Cell Phone: _____ Cell Phone Carrier: _____

School Attending: _____ Grade:_____ _____

I understand the commitment that is expected of me as a group member, and I agree to the expectations of attending the group meetings and events supported by the group work. If something arises I further accept the responsibility to contact the staff liaison. Meetings are held bi-monthly on the 1st and 3rd Thursdays of the month to discuss and plan for upcoming events. Most meetings are held at the Maple Grove Teen Center in the Maple Grove Community Center. Commitment to the group includes attending at least two-thirds of the meeting dates and fifty percent of the sub-committee and special events that are supported by the work of the group.

Student Signature: _____ Date: _____

I understand that my child has chosen to apply for the Maple Grove Teen Advisory Group. I will support him/her as he/she works on this group to improve the services available to the youth of the Maple Grove community.

Parent/Guardian Signature: _____ Date: _____

Please answer the following questions to the best of your ability. Attach additional sheets if necessary. Please indicate which questions you are answering on the attached sheets.

1. In what extracurricular activities are you involved? (examples: school clubs, community organizations, volunteer commitments)

2. Name any skills or talents you would bring as a member of the MG-TAG.

3. What activities interest you most? Are there any activities you wish you knew more about?

4. What projects would you like to work on as a member of the MG-TAG?