

## T.A.C.O.S. APPLICATION

Name						
First Name		La	ast Name			
Prefered	Pronouns/Nickname					
Address						
Street Addre	ess			City		
Phone Number			Email			
School						
Why do you want to volunteer at the Library?						
	S. meets for one hour commit to meeting on				Yes	No
T.A.C.O.S. may also volunteer at the Library for programs and projects. Would you be willing to do this?						No
Please list some of your favorite interests, activities, and books.						
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