



2018 Teen Advisory Board (TAB) Application

Please return application to the Information Desk at your community library or email to teens@sno-isle.org. Staff will contact you in 1-2 weeks.

About the Teen Advisory Board (TAB):

- Who can join the TAB?
 - Any students in grades 6-12 who regularly use their community library
- Why join the TAB?
 - Help make decisions that affect teens in the library and the community
 - Help plan library programs, events, displays, service projects, and more
 - Earn community service hours
 - Gain volunteer and leadership experience and job skills to add to your resume
 - Make new friends, talk about books, and have fun!
- What is expected of TAB members?
 - Regularly attend monthly meetings and notify the teen contact if a meeting will be missed
 - Be an active participant in the group, be willing to share ideas, and interact in meetings
 - Act as a library ambassador and all-around role model of good teen behavior
 - Volunteer at as many teen library programs as you can – at least two per year
 - Students under 14 do not need a parent or guardian present to attend a TAB meeting or event; however, if students under 14 volunteer outside of a TAB meeting or event, a parent or guardian must be present to provide active supervision per Sno-Isle volunteer guidelines: <https://www.sno-isle.org/volunteers/>

How to Apply:

- Fill out this form completely and return to the information desk at your community library or email teens@sno-isle.org
- Students 16 and older will need to pass a criminal background check
- Applicants will be contacted via email if invited to become a member
- NOTE: Filling out an application does not guarantee acceptance to the TAB, but your application will be kept on file for one year if there are no current openings

PLEASE PRINT NEATLY

Full Name _____ Preferred Name _____

Community Library _____ Library Card Number _____

Date of Birth ____/____/____ Current Age _____ Grade _____

School _____ Favorite Class _____

Email _____@_____ Do you use Facebook? Y / N

Home Phone _____ Cell Phone _____

For internal use:

_____ Teen Contact (keep copy) _____ Volunteer Office (send copy)

Preferred method of contact (circle one or more): Email Cell Phone Home Phone Text

How often do you use your community library? (Circle all that apply.)

Every day Once per week Every other week Once per month Once per year

During the summer When I have a homework assignment When I have a group project

I access the library from home

PARENT/ GUARDIAN INFORMATION

Parent or Guardian Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Email _____ @ _____

Parent/Guardian Statement: I am aware my teen is applying for membership on _____ Library's Teen Advisory Board (TAB). I have read and understand the expectations of TAB members and support my teen in participating in this activity.

Parent/Guardian Signature: _____

Date: _____

Teen Applicant Statement: I have read and understand the TAB requirements and expectations, and I am willing to be an active member. I understand that I may be removed from the TAB in the event I fail to meet TAB expectations.

Teen Applicant Signature: _____

Date: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Why do you want to join the teen advisory board?
2. What would you suggest to improve the library's services to teens?
3. What are some of your hobbies and interests? (Be sure to include clubs and sports.)
4. What are some of your favorite authors, books, and/or book series?
5. Do you have any specific talents or skills you think would be useful as a member of the TAB?
6. What teen or tween library programs have you attended in the past?
7. What issues do you think teens in your community face? List ideas for helping teens in your community.
8. What other volunteer experience do you have?