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?
  o Any students in grades 6-12 who regularly use their community library

• Why join the TAB?
  o Help make decisions that affect teens in the library and the community
  o Help plan library programs, events, displays, service projects, and more
  o Earn community service hours
  o Gain volunteer and leadership experience and job skills to add to your resume
  o Make new friends, talk about books, and have fun!

• What is expected of TAB members?
  o Regularly attend monthly meetings and notify the teen contact if a meeting will be missed
  o Be an active participant in the group, be willing to share ideas, and interact in meetings
  o Act as a library ambassador and all-around role model of good teen behavior
  o Volunteer at as many teen library programs as you can – at least two per year
  o 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?