

Teen Advisory Board (TAB) Application

Expectations

During this 1 year term, TAB members are expected to:

- Miss no more than 4 monthly meetings (if you are to miss, please inform the YA Librarian at least one hour before the meeting)
- Actively participate in monthly meetings
- Participate in Winter and Summer Reading programs

Regular attendance is an important part of TAB. Are you able to attend our monthly meetings, the last Friday of every month, at 4PM? (Circle one) Yes No

First Name: _____

Last Name: _____

Age: _____

Grade: _____

Street Address: _____

City: _____

State: _____

Zip code: _____

Library Card Number: _____

Email: _____

Phone Number: _____

Best Way to Contact You? (Circle one) Email Phone call Both

Parent/Guardian Permission

I am aware that my Teen is applying to serve a 1 year term on the Robert W. Rowe Library District's Teen Advisory Board (TAB) and of the responsibilities involved.

(Circle one) Yes No

First Name: _____

Last Name: _____

Email: _____

Phone Number: _____

Best Way to Contact You? (Circle one) Email Phone call Both

Parent/Guardian Signature: _____

Teen Signature: _____

Date of Permission: _____

Please Answer the Following Questions

We provide snacks! Do you have any food allergies or dietary restrictions? (Circle one)

Yes No

If yes, please provide what kind:

Have you ever been on a board before? (Circle one) Yes No

Please answer the following in 2-3 sentences

Why do you want to be part of the TAB?

What do you currently use the library for? How often do you visit?

What skills/talent do you have? What do you love to do?

Do you have any questions for us?
