

What is Teen Advisory Board (TAB)?

TAB is a group of teens who participate in and influence the functioning of the library, especially for teen programming. TAB is a system to have your opinions and suggestions heard.

Requirements:

- Grades 6-12
- Members must be able to commit to a minimum of one hour each month
- Members are expected to participate in library programs, volunteer time to work special projects, and help make sure teen focused events run smoothly
- Act as ambassadors for the library by getting friends involved in programs, sharing information about upcoming library events with friends and teachers at school

Benefits:

- Members are granted community service hours for meetings and programs that they help run
- Involvement in TAB may be included on college or job applications
- Members have influence on what books and media aimed at teens the library acquires
- Members have influence on what programs aimed at teens take place at the library
- Members will be among the first to access new teen materials
- Free food at TAB meetings

Please complete the application (found at the library or on the Teen section of our website) and return it to the Hazel Mackin Community Library's circulation desk.

Teen Advisory Board meets on the first Tuesday of every month from 5:30-6:30PM.

If you find yourself with any questions or need more information, contact Brittany Fahrenkamp, Youth Services Librarian, at (715)749-3849 or fahrenkamp@robertspubliclibrary.org.

Please print neatly, you may use additional paper to answer the questions if you need to.

Full Name _____ Preferred Name _____

Date of Birth ___/___/_____ Current Age ___ Grade Level _____

Email _____ Phone Number _____

What is the best way to contact you? _____

Do you have a MORE member Library Card (Roberts Public Library or one of the surrounding libraries)? YES/NO

How often do you use the Roberts Library? What prevents you from using it more?

Why do you want to be on the Library's Teen Advisory Board?

What do you like to read?

List some of your ideas for programs at the Library that you think teens might enjoy.

Would you be willing to review books, music, video games, or movies for publication on the Library's website or elsewhere? YES/NO

What are some of your hobbies or interests? (Be sure to include clubs or sports)

Do you have any special talents or skills you think would be useful as a member of Teen Advisory Board?

The Teen Advisory Board meets for one (1) hour each month. Can you commit to meeting one hour a month? YES/NO

What might prevent you from coming to meetings?

Would you be willing to volunteer at the Library with tasks for running non-teen programs? YES/NO

How would you make the Library more appealing to teens?

What book character are you most like and why?

In what areas do you have the most interest? Check up to three (3) boxes.

- | | |
|-----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Advising music selection | <input type="checkbox"/> Advising movie selection |
| <input type="checkbox"/> Advising fiction selection | <input type="checkbox"/> Advising non-fiction selection |
| <input type="checkbox"/> Advising graphic novel selection | <input type="checkbox"/> Advising video game selection |
| <input type="checkbox"/> Performing community service | <input type="checkbox"/> Writing reviews for teen materials |
| <input type="checkbox"/> Planning teen events | |

Is there anything else you would like us to know as we consider your application?

Print Name _____ Date _____

Signature _____

Parent/Guardian Information

Name _____ Phone Number _____

Email _____

OPTIONAL: Parents would you like to receive TAB updates via email? YES/NO

I am aware that my teen is applying for a membership to the **Hazel Mackin Community Library Teen Advisory Board**.

Parent/Guardian Signature _____ Date _____

Image Release Permission

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I, _____, authorize the Hazel Mackin Community Library to use my photo/image/video and name, or that of my child, in any promotional materials, both in print and online. I understand no payment is due to me for such usage.

(Signature of TAB Applicant)

(Date)

(Parent/Guardian Signature)

(Date)