

T.A.B Agreement

Name: _____ Address: _____

City: _____ Postal Code: _____

Phone: _____ E-mail: _____

School: _____ Grade: _____

Birthday: _____

Why do you want to join T.A.B?

What sort of programs would you like to see at the library?

I have read about the Teen Advisory Board and understand that membership may require committing to several hours a month for meetings and Teen events. I will attend all T.A.B meetings and events. If I am unable to make it to a meeting or event I will call in advance to excuse myself. I promise to promote library services and activities to my school and community to the best of my ability. I understand that membership may be revoked if I choose not to participate, miss too many meetings, or do not follow the library's code of conduct.

Signature: _____ Date: _____

PARENTAL PERMISSION

I understand that my child has applied to become a member of the Teen Advisory Board. I understand that this is a volunteer position that requires a commitment to attend meetings regularly. I understand that the library staff may contact my child about T.A.B. meetings and related information. I understand that my child's name and photograph may be used in library's Facebook page, website, local newspapers or other forms of media.

Signature: _____ Date: _____