



## Teen Advisory Board Application

Heritage Public Library  
7791 Invicta Lane  
New Kent, VA 23124  
(804) 966-2480



Membership on the Teen Advisory Board (TAB) is open to **any teen in 6<sup>th</sup> through 12<sup>th</sup> grades.**

**Why join?**

- \*Help plan, organize, and publicize programs for teens
- \*Volunteer to help with programs for children up to adults
- \*Tell us about services and materials you want at the Library

Your input will help us offer programs and materials of interest to you and your friends!

Meetings will be held on the **second Tuesday of every month at 7:00 p.m. in the Library Meeting Room.**

**Please fill out the following information and return it to the New Kent Branch front desk.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birthday (Month/Day/Year): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

How would you like to be contacted? (Circle one)                      E-mail                      Phone

**Please help us get to know you by answering the following questions:**

What are some of your hobbies and interests? \_\_\_\_\_

\_\_\_\_\_

What is your favorite book?    Who is your favorite author?

\_\_\_\_\_

Tell us why you are interested in serving on the Teen Advisory Board.

\_\_\_\_\_

\_\_\_\_\_

What would you like to see offered for teens at the Library?

\_\_\_\_\_

\_\_\_\_\_

Please list your extracurricular school activities.

\_\_\_\_\_

# Heritage Public Library Teen Advisory Board Volunteer Contract

Please write your initials on the line next to each requirement indicating that you have read and agreed to our policies.

I, \_\_\_\_\_,

\_\_\_\_\_ Will be punctual for all programs and meetings, and I will give notice to the library as soon as possible if a problem arises which would prevent me from performing my duties.

\_\_\_\_\_ Will show respect towards my leaders, peers, and the children with whom I work.

\_\_\_\_\_ Will complete the task assigned to me to the best of my ability.

\_\_\_\_\_ Will make efficient use of my time by seeking out ways in which I may help others after completion of my own responsibilities.

\_\_\_\_\_ Will be enthusiastic about volunteering; and will dress appropriately and maintain a neat appearance.

\_\_\_\_\_ Will not allow personal problems or conflicts to interfere with my job performance and interaction with children.

\_\_\_\_\_ WILL HAVE A GREAT EXPERIENCE VOLUNTEERING!

Failure to comply with the contract will result in loss of volunteer privileges.

**For Teens:** I certify that all statements in this application are true and complete to the best of my knowledge. I understand that any false statements will subject me to disqualification or dismissal. I have read and initialed each item in the volunteer contract and agree to adhere to this policy.

I am aware that being a member of the Teen Advisory Board may require a commitment of several hours a month, and that I may continue to be a TAB member and volunteer at the Library throughout the school year.

**Teen Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Your parent or guardian's name (Please print) and phone number: \_\_\_\_\_

\_\_\_\_\_

## PARENTAL PERMISSION

**For Adult:** As a Legal Guardian of the participant in the Heritage Public Library Teen Advisory Board Volunteer program, I also adhere to this policy. I realize that my son/daughter is to be responsible for the hours in which he/she signs up to work.

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_