



Teen Advisory Board Application

Membership on a Santa Clarita Public Library Teen Advisory Board (TAB) is open to any **teen in 7th through 12th grades.**

<p>Make your voice heard!</p> <ul style="list-style-type: none"> • Help shape teen services at the library. • Acquire leadership skills AND earn volunteer service hours. • Interact with other Santa Clarita area teens. • New members are always welcome! • Enjoy snacks. 	<p>TAB meetings are held monthly during the school year, September through May (unless otherwise noted), at your local branch of the Santa Clarita Public Library.</p> <p>To earn service hours and be considered a TAB member, teens must:</p> <ul style="list-style-type: none"> • Submit an application to the library where you would like to be a member. • Attend at least 3 TAB meetings per semester AND assist in at least 1 program a semester. At the end of each semester members who have met these requirements will earn 5 service hours for their participation.
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Please fill out the following information and return it to the Santa Clarita Public Library.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Teen Email: _____

School: _____ Grade: _____ Birthday (Month/Day/Year): _____

SCPL Library where you would like to be a TAB member: (circle one) Canyon Country Old Town Newhall Valencia

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

What are some of your hobbies and interest?

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.

After staff receives your application you will receive confirmation (via email) and further information about upcoming TAB activities.

If you have questions about TAB, please contact Nicole Ramirez @ nramirez@santaclaritalibrary.com

Staff Use Only

Date Received: _____ **Staff, submit this form to the Teen Librarian.** _____

Librarian Signature / Date
Created 7/2015

Teen Advisory Board Member Guidelines

Teen, please initial on the line next to each guideline indicating that you have read and agreed to our policies.

I, _____,

- _____ Am aware that being a member of the Teen Advisory Board may require a commitment of several hours a month.
- _____ Will be punctual for all programs and meetings to which I commit myself, and I will give notice to the librarian as soon as possible if a problem arises which would prevent me from performing my duties.
- _____ Will show respect toward my leaders, peers, and the children with whom I work.
- _____ Will wear a nametag while acting in my role as a Teen Advisory Board member.
- _____ Will stay focused on the task at hand. Cell phone usage will not be permitted during programs & meetings.
- _____ Will dress appropriately and maintain a neat appearance.
- _____ Understand that if I repeatedly do not keep my commitments (and fail to inform the librarian ahead of time), or am not able to follow the guidelines or direction given, I will be removed from TAB for the remaining school year and will have to reapply to be a member at the start of the next school year.

Please sign: _____
Teen Applicant Signature Date

Teen Advisory Board – Legal Guardian Authorization

_____ has signed up to be a member of the Teen Advisory Board (TAB) for the Santa Clarita Public Library. We are grateful for their commitment and will make every effort to ensure that the experience is a valuable one for them. Safety and adherence to guidelines are primary concerns and for that reason we ask that you review this information and authorize your teen's participation by providing your signature below.

In Case of Emergency

Whom should we notify? _____
Name (Please print) Relationship to Applicant

Home Phone: _____ Cell/Work Phone: _____

I have read the application form, and authorize my child to participate as a Teen Advisory Board member for the Santa Clarita Public Library.

Legal Guardian: _____
Please Print

Legal Guardian: _____
Signature Date

City of Santa Clarita Photo Release

As the legal guardian of _____, I hereby authorize the City of Santa Clarita and its agents to videotape and/or digitally photograph the minor listed above. I understand that the images may be used by the City of Santa Clarita as part of printed materials, video productions or as a part of brochures or other publications of the City or with media, for displays, or other uses as the City deems appropriate.

Legal Guardian: _____
Signature Date