TEEN ADVISORY BOARD APPLICATION

To participate in the Teen Advisory Board (TAB), you must be between ages of 12 and 18. A parent/guardian must sign off on your application. Please submit applications and direct questions to Hanna Collins, Youth Services Librarian.

Personal Information		
Last Name	First Name	Middle Initial
Home Phone	Cell Phone	Today's Date
Current Address	City, State, Zip	Age
Email Address	School	Library Card #
Emergency Contact #1 NAME	Current Address	Phone Number(s)
Emergency Contact #2 NAME	Current Address	Phone Number(s)

Help us get to know you by answering the following questions on a separate sheet of paper.
1. Why is the library important to you, and why do you want to be a part of the Teen Advisory Board? (250 words)
2. List any hobbies, extracurricular activities or organizations in which you participate.

TAB/Volunteer Certificate of Applicant:

All answers and statements in this application are true and complete to the best of my knowledge. I understand that any untruthful or misleading answers are cause for rejection of my application or of my disqualification from the Teen Advisory Board.

Signature_____ Date_____

Parent/Guardian Consent

As parent/guardian of the volunteer/TAB member, I give my permission for the above participant to be a member of the Teen Advisory Board at Slinger Community Library. As parent/guardian of this volunteer, I hereby grant to Slinger Community Library, its representatives, express permission to use the likeness of my child, image, and/or name in publications produced by Slinger Community Library and on Slinger Community Library's website. In granting permission, I hereby relinquish all rights by myself, heirs, or survivors to seek recompense for such usage now or at any time. As parent/guardian of this volunteer, I release Slinger Community Library and its staff from any responsibility or liability while participating in volunteer/TAB activities sponsored by Slinger Community Library.

Parent/Guardian print_____

Parent/Guardian signature _____ Date:_____