

Teen Advisory Board

Teen Advisory Board (TAB) is a group of teens (13-18) who participate in and influence the functioning of the library, especially for programming and library materials. It is a forum to have your opinions and suggestions heard. Non-members are welcome to drop by and check it out at any time.

TAB will meet on the 4th Saturday of the month. Dates and times may vary.

The mission of TAB is to promote the Catoosa County Library's service to teens by:

- Planning and implementing teen programs.
- Creating an inviting atmosphere at the library by maintaining a safe, attractive YA area.
- Promoting ideas in the YA collection and encouraging reading by teens.
- Provide volunteering opportunities to serve the community.

TAB will maintain open membership with no limit on the number of members.

All suggestions by TAB will be taken into consideration by the Young Adult Programming Coordinator. They may be rejected or revised due to space or budget constraints, but you will be heard.

To receive volunteer hours, TAB members must attend the entire meeting. Extra hours can be earned if the member signs up for volunteer activities (such as set up, helping with children's programs, etc), but **NOT** for attending the teen programs themselves. It is the responsibility of the teen to provide the forms necessary to document volunteer hours for your organization.

During all TAB meetings, activities, and library functions, TAB members will act in a way that reflects positively on the Catoosa County Library and themselves. Showing respect for all, listening attentively, refraining from negative comments on others' ideas, and showing respect for library materials and property is an **ABSOLUTE MUST** for membership in TAB.

Membership in TAB may be included on college and/or job resumes.

(updated JAN. 2022)

Catoosa County Library, Teen Advisory Board

Application Packet

The Catoosa County Library is pleased that you are interested in becoming a member of the Teen Advisory Board. We want to better serve our teen patrons through the program. We encourage you to complete this application thoughtfully and thoroughly. Please see below for more information. Thank you for your interest!

What is the Teen Advisory Board?

TAB is a group of teens who participate in and influence the functioning of the library. Especially for the teen programming and library materials. TAB is a forum to have your opinions and suggestions heard. It is also an opportunity to earn volunteer hours.

Qualifications:

- Teens ages 13-18.
- Must be willing to commit a minimum of 2 hours per month to TAB.
- Membership is renewed on a yearly basis from the time the application is approved.
- Must be willing to respect the opinions of others.

Benefits of TAB:

- Granted community service hours (if an approved volunteer)
- Involvement may be included in college and/or job resumes.

How much time will it involve?

TAB will involve two hours a month for a meeting and anytime you choose to devote to program planning, other TAB activities, or volunteer services.

Responsibilities of TAB Members:

Including but not limited to...

- Regularly attend monthly meetings
- Offer suggestions for young adult library materials
- Aid in planning teen programs through brainstorming, marketing, publicity, setting up, and other library-related activities, etc.
- Promote the library, its services, and activities in school and the community.

Meetings:

We will meet as a group at least once per month for 2 hours. Meetings will be on the 4th Saturday of the month from 12:00 PM to 2:00 PM unless otherwise noted. During meetings, we will discuss and plan upcoming activities, book suggestions, programming ideas, and ways the library can help teens.

Community Service

- You will be given community service hours for time spent at meetings and any additional hours volunteered within the library. You must have prior approval to be a volunteer at the library.
- You will **not** receive volunteer hours for attending other teen programs.

Application for Membership

Please complete this application below and return it to the Catoosa County Library's circulation desk.

Applicant's Information:

Name: _____

Preferred Pronouns: _____

Address: _____

Phone Number: _____

Email: _____

Age: _____ Birthday: _____

School: _____

Current Grade (or last completed) _____

How would you like to be contacted? (circle one) Phone or Email

Do you have a library card? _____ Yes _____ No

If Yes, # _____

Related Experience:

What skills or experience do you have that would benefit teens?

What are some of your interests and hobbies/extracurricular activities?

Have you volunteered or worked in a library before? _____ Yes _____ No

Applicant Agreement

As a member of the Catoosa County Library Teen Advisory Board,

I, (name) _____ will:

- Be on time and dressed appropriately for all programs, special events, and meetings.
- Show respect toward library patrons, staff, and fellow TAB members.
- Call the YA Coordinator at 706-965-3600 if a problem arises.
- Complete the tasks assigned to me to the best of my ability and make efficient use of my time by seeking out ways in which I may help others after the completion of my own responsibilities.

Failure to comply with this contract will result in the following consequences:

1st violation: Warning

2nd violation: Phone call to parent or guardian.

3rd violation: Removed from the group

Applicant's Signature: _____

Date: _____

Parent Consent Form/Liability Release

Primary Parent/Guardian Information:

Name: _____

Relationship to applicant: _____

Cell Phone: _____ Other phone: _____

Email: _____

Emergency Contact: _____ Phone #: _____

Parental Consent:

As a parent/guardian of _____ I hereby give my permission for my child or ward to attend and participate in the Catoosa County Library's Teen Advisory Board and all associated activities and volunteer opportunities. I do hereby hold harmless Catoosa County Library (Director, Employees and/or volunteers), Catoosa County Library Board of Trustees, and Catoosa County Library Government for any bodily injury, illness, or disease, or for any loss or damage of property or appliance of said child or ward. I assume the risk and financial responsibility for any injury or liability resulting from his/her/their participation.

In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event I cannot be reached, I hereby authorize to secure proper treatment for, and order injection or anesthesia or surgery for, my child or ward as named above. The undersigned shall be liable and agrees to pay all costs and expenses incurred in the connection with such medical or dental services rendered to him/her/them.

I consent / do not consent (circle one) the Releasee the license, right, and permission to use, publish, exhibit, broadcast, reproduce, distribute, transmit, and display my child's name, image, likeness, and quotes (hereinafter "Image Rights") in all media whether now known or later developed, for purposes of publicity, marketing, promotion, exhibition, education and other exploitation for the Catoosa County Library worldwide, in perpetuity without notice and without compensation, royalty, accounting, liability, or obligation of any kind. Such use may include, but is not limited to, the Catoosa County Library and its respective social media pages.

Applicant's Signature (if over 18) _____

Print name _____ Date _____

Parent/Guardian Signature (if child/ward is under 18) _____

Print name _____ Date _____