



TEEN ADVISORY BOARD

The Teen Advisory Board (TAB) is a monthly open forum for teens (ages 12-18) who are interested in volunteering and taking an active role in improving young adult services at the public library.

Members of the LaGrange Memorial Library Teen Advisory Board will

- share their ideas for future teen events and programming
- make suggestions for our teen collection (books, audiobooks, graphic novels, manga, DVDs, video games, etc.)
- promote library teen programs/services at school and in the community
- bring back input and teen collection and programming suggestions from the community

What are the requirements for serving on the TAB?

- Must be age 12-18
- Attend monthly meetings (these typically only last an hour or two!)
- Be willing to serve on the board for at least six months

What are the perks of serving on the TAB?

- advance reader copies of the latest teen books
- special TAB only events
- volunteer or service hours for school or extracurriculars and ability to use library staff as a reference for job, scholarship, or college applications
- fooooooooood :)

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LaGrange Memorial Library Teen Advisory Board Application

Name _____ Date ___/___/___

School _____ Age _____ Grade _____

Email _____ Phone # _____

I understand that as a member of the LaGrange Memorial Library Teen Advisory Board I will be expected to attend monthly meetings and help promote teen events at school and in the community.

Signature _____

Parent Signature _____

For questions or concerns, please call the LaGrange Memorial Library at 706-882-7784 or email us at teens@thrl.org

Parent/Guardian Permission and Release of Liability Form

LaGrange Memorial Library Teen Advisory Board

This form must be completed and signed for the student to join the Teen Advisory Board. For questions or concerns, please call the LaGrange Memorial Library at 706-882-7784 or email us at teens@thrl.org

Student's Name: _____ Date of Birth: ___/___/___

Phone Number: _____ Allergies: _____

Name of Emergency Contact: _____

Phone Number(s) of Emergency Contact: _____

I do hereby give permission for the above student to participate in the Teen Advisory Board and all associated activities and volunteer work. I understand the nature of these activities and the associated risks of injury or loss of property. By signing this form, I release the LaGrange Memorial Library and its employees from any claims made by the student or on behalf of the student should injury or loss of property occur as a result of his/her participation.

I acknowledge that I have read this Permission and Release form and that I understand its contents and the consequences of signing. I also affirm that this form has been filled out fully and correctly.

Parent/Guardian Name: _____ Date: ___/___/___

Parent/Guardian Signature: _____



LaGrange Memorial Library Teen Advisory Board Photo Release Form

I, (print name) _____,

give the LaGrange Memorial Library the absolute right and permission to use my photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g., DVD, video, internet) or other form of promotion or information. I release the LaGrange Memorial Library, its agents, staff, and the photographer from liability for any violation of any personal or proprietary right I may have in connection with such use.

Print name _____

Signature for release _____

Phone _____

Email _____

Date _____

For persons under the age of 18, the permission of a parent or guardian is required. *If you have any questions or concerns, please call the LaGrange Memorial Library at 706-882-7784 or email us at teens@thrl.org*

I hereby grant permission to the LaGrange Memorial Library to use the photograph of my child as outlined above

Yes No

Name of child: _____

- May be identified by full name
 Please identify by first name only
 Please do not identify by name

Signature of parent or guardian: _____

