

TEEN ADVISORY BOARD APPLICATION

Jefferson-Madison Regional Library

Please check the name of the JMRL branch whose Teen Advisory Board you'd like to join:

Central Crozet Greene Louisa Nelson Northside Scottsville

Your Name: _____ Birthdate: _____

Address (including city/state/zip): _____

Phone: _____ Email: _____

Age: _____ Grade: _____ School: _____

Name of Parent/Guardian: _____

In case of emergency, contact (name & phone): _____

Preferred form of communication (phone, email?): _____

*Please print answers to the following questions. Answer as many as you'd like.
Answers may be continued on the back of this paper.*

1. Why do you want to become a member of the Teen Advisory Board (TAB)?
2. What are some of your hobbies or interests?
3. What do you like most about the Library's services and programs? If you have ideas for changes or additions, what would you suggest?
4. Would you be able to attend monthly meetings? Yes No

The Library will sometimes photograph events and activities to promote its services. May we have your permission to photograph you along with Library Staff if you are volunteering at any of these times? (Saying "no" does not keep you from participating in TAB.) Yes No

The Library will use the personal information you provide solely to assist us in determining the best use of your skills.

I understand that I will not hold JMRL, its employees, directors, or funding agencies responsible for any injury while working as a volunteer. Please bring this application to the library whose Teen Advisory Board you'd like to join.

Your Signature

Date

Parent's Signature (if under 18)

Date

