HELEN HALL LIBRARY
Teen Advisory Board (TAB) Application

WHAT IS TAB?
Become an ambassador for your library and gain leadership experience! Help plan teen activities, assist with library events, and more. Snacks are served, and participation counts as service hours. New members are always welcome!

WHY JOIN TAB?
- To make decisions that affect teens in the library and the community.
- To plan library programs, events, displays, service projects, and more.
- To earn community service hours.
- To gain volunteer and leadership experience and job skills to add to your resume.
- To make new friends and discuss books.

WHAT ARE THE REQUIREMENTS OF A TAB MEMBER?
- Regularly attend monthly meetings.
- Be an active participant in the group, be willing to share ideas, and interact in meetings
- Act as a library ambassador and all-around role model of good teen behavior
- Attend at least one teen program in addition to TAB per semester, but more is always better.
- Submit a book/audiobook review of at least 150 words per semester to Ms. Sheldon Stevens, the Teen Services Librarian, via email (sheldon.stevens@leaguecitytx.gov).

*Please note: All member requirements must be fulfilled before TAB service hours can be approved.

VOLUNTEER INFORMATION (PRINTED)
Date: ____________________________  Birth Date: ____________________________

First/Last Name: ____________________________________________________________

Address: ___________________________________________  Home Phone: _____-_____-_______

City/State: _____________________________________________________  Cell Phone: _____-_____-_______

Email Address: ____________________________________________________________

School: _____________________________  Grade: ______________

SUPPLEMENTAL QUESTIONS
Why do you want to join TAB?
What are some of your hobbies/interests?

Do you have any specific talents or skills you think would be useful as a member of TAB?

What other volunteer experience do you have?

EMERGENCY INFORMATION
First/Last Name: ______________________________________________
Relation to volunteer: __________________________________________
Address: ______________________________________________________
City/State: ___________________________ Zip Code: _____________
Phone number(s): ______________________________________________

VOLUNTEER AGREEMENT
Neither the Helen Hall Library nor the City of League City will be liable for injuries sustained by me (volunteer), or any other person as a result of my action, or the action of others. By signing this agreement, I understand that any service hours I acquire through Helen Hall Library’s Teen Advisory Board will only be approved once I fulfill all Teen Advisory Board member requirements. I acknowledge that I will be responsible, timely, professional, and honor all expectations of the Teen Advisory Board.

Volunteer Name (printed): ______________________________________
Volunteer Signature: __________________________________________
Parent/Guardian Signature (if under 18): __________________________
Date: ______________________

PARENT/GUARDIAN CONSENT (IF UNDER 18)
I give my child, __________________________, permission to serve as a Teen Advisory Board member at the Helen Hall Library.

Parent/Guardian Name (printed): __________________________________
Parent/Guardian Signature: _______________________________________
Date: ______________________