

Application for Membership

TAB

Teen Advisory Board

To become a member, fill in the following information and return to the library.

Name _____ Age _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Email _____

School _____ Grade _____

I plan to be active throughout the year.

I plan to only volunteer for Summer Reading

I give permission for _____ to volunteer at the Scott County Public Library.

Signature of parent/guardian: _____

In case of emergency contact: _____

Phone: _____

I consent to and authorize the use for the purpose of library publicity, photographs or videotape footage of my child(ren). I understand I will not be paid for the use. And all images/footage remain the property of SCPL and may be used in publications, web, movie, video, and other mediums for promotion. This includes the SCPL Facebook page and/or in its newsletter or other media.

Parent Signature _____ **Date** _____

Reasons to join TAB

- ◆ Get leadership experience
- ◆ Meet new Friends
- ◆ Plan exciting events and free food!
- ◆ Help select library materials

Requirements

- ◆ Attend a minimum of two quarterly meetings a year
- ◆ Participate on the planning committee of at least two programs a year
- ◆ Attend as many programs as possible
- ◆ Be a responsible library user
- ◆ Help promote participation in TAB

Scott County Public Library