

TAB- Teen Advisory Board Application

Yes, I would like to be an active participant in TAB by sharing ideas and interacting in a group. Please print:

Your Name: _____ **Nickname** _____

Birthday _____ **Grade:** _____

School Name: _____

Favorite School Subject _____

Contact Phone Number: _____

Email: (if you prefer to be notified of meetings by email) _____ @ _____

Preferred method to contact: phone email

In a sentence or two, please describe why you would like to join TAB.

What are some of your favorite books? _____

Days/Times I would be able to attend meetings (Circle all that apply):

Mon. Tues. Wed. Thurs. Fri. Sat.

If you circled Saturday, what time is best for you? Morning Afternoon

How often do you use the Middlebury Community Public Library? (Circle)

Once a week or more Once or twice a month Between 4-7 times a year

I access the library from home. Middlebury has a public library?

TAB Application p.2

What specific skills and talents do you have?

What issues do you think teens in the Middlebury community are facing?

Parent/Guardian Info

I understand my teen _____ is applying to join the Middlebury Community Public Library Teen Advisory Board (TAB). The board will meet once a month and meeting dates will be provided days in advance. I understand that my teen will be expected to attend monthly meetings. Either I or my teen will notify the teen librarian if my teen is unable to attend a meeting.

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Is this a cell phone? Y N

Second Phone: _____ Is this a cell phone? Y N

Parent Guardian Signature _____ **Date** _____

I have read and understand what is expected of a TAB member. If I have any questions, I will contact the teen librarian.

Teen's Signature _____ **Date** _____