

# Mildred Whipple Library

## TEEN ADVISORY BOARD

### INFORMATION



Thank you for your interest in the Mildred Whipple Library's Teen Advisory Board! Please read this information sheet before filling out your application. Library staff are available to answer any questions you might have.

#### **What is the Teen Advisory Board (TAB)?**

TAB is a free leadership development program for local middle and high school-aged youth interested in becoming more involved in their library and community. TAB members participate in and influence the functioning of the Mildred Whipple Library, especially in relation to teen programming and teen collection development.

The TAB program is a forum to have your opinions and suggestions heard while you have fun and learn job skills. Members work with library staff to plan and host teen programs, raise funds for teen services, and take on teen area improvement projects.

#### **Who can join TAB?**

Any students in grades 6th-12th in the North Douglas Library District who would like to become more involved with their community library. Home schooled students are also encouraged to join! All TAB members must submit an application each year to join this program.

#### **How much time will it require?**

As a TAB member you are expected to commit to a minimum of 1 hour per month of volunteering during your membership. TAB members are encouraged (but not required) to spend additional time working on TAB projects and volunteering with Mildred Whipple Library programs.

#### **Why join the TAB? Membership Benefits**

- 2019/2020 TAB members spearheaded the Mildred Whipple Library teen space redesign!
- Help make decisions that affect teens in the library and the community.
- Suggest purchases for the teen area and general library.
- Help plan library programs, events, displays, service projects, and more!
- Create displays and decorate the teen area seasonally.
- Learn skills such as: marketing, publicity, program management, budgeting, and other library related activities and skills.
- Gain volunteer and leadership experience, earn community service hours, and learn job skills to add to your resume for scholarship, college, and job applications.
- Use the Mildred Whipple Library as a reference for future scholarship, college, and job applications.
- Make new friends, talk about books, and have fun!

#### **TAB Member Expectations & Responsibilities**

TAB member expectations and responsibilities include, but are not limited to:

- Volunteer for a minimum of 1 hour per month during membership.
- Regularly attend scheduled meetings and notify the library in advance if a meeting will be missed.
- Be an active and respectful participant in the group; be willing to share ideas, interact with other members, and listen to the opinions of others during guided discussions.
- Act as a library ambassador and all-around role model of good teen behavior.
- Follow all North Douglas Library District policies, rules, and regulations.
- Promote the Mildred Whipple Library, its services, and its programs in school and in the community.

**To join TAB, please complete the Teen Advisory Board application and return it to the library. TAB applications need to be updated once a year. Please keep this sheet for your reference.**

# Mildred Whipple Library TEEN ADVISORY BOARD APPLICATION



Thank you for your interest in joining the Teen Advisory Board member! Please fill out this application and return it to the Mildred Whipple Library. Teen Advisory Board members should be prepared to commit to 1 hour per month during service.

## General Information

**Application Date** \_\_\_\_\_ **Date Available** \_\_\_\_\_

**Full Name** \_\_\_\_\_  
 (last) (first) (middle)

[OPTIONAL] **Pronouns** \_\_\_\_\_

**School** \_\_\_\_\_  
**Current Grade** \_\_\_\_\_ **Birthday (month/day/year)** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ - \_\_\_\_\_ **Email** \_\_\_\_\_ @ \_\_\_\_\_  
 Preferred method of contact:    email    call    text

**Address** \_\_\_\_\_  
 (# and street) (city) (state) (zip)

**Mailing Address (if different)** \_\_\_\_\_  
 (# and street) (city) (state) (zip)

**Do you have a library card with the North Douglas Library District?**     Yes     No     Unsure

## TAB Meetings

TAB meetings generally last 30 minutes with opportunities for additional project time. I would be able to regularly attend TAB meetings (check all that apply):

**Tuesdays** at     4:00 PM     4:30 PM     5:00 PM

**Wednesdays** at     4:00 PM     4:30 PM

**Thursdays** at     4:00 PM     4:30 PM     5:00 PM

**Fridays** at     1:30 PM     2:00 PM     2:30 PM

**Other** (please include available date & time): \_\_\_\_\_

## North Douglas Library District Mission & Vision Statement

**MISSION:** The North Douglas Library District empowers individuals and strengthens communities by providing access to information, space to express ideas, and resources for exploring the world.

**VISION:** Inspiring a vibrant, engaged community.

**How will you, as a TAB member, help the North Douglas Library District further our mission and vision statement?**

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**Applicant Questions**

Are you planning to use this volunteer experience to fulfill requirements for a class, community service, or to gain new skills toward a career?  Yes  No

If yes, please explain how we can help: \_\_\_\_\_  
\_\_\_\_\_

Last book you enjoyed (physical, ebook, or audiobook): \_\_\_\_\_

Why are you interested in becoming a Teen Advisory Board member?  
\_\_\_\_\_  
\_\_\_\_\_

What is one way the library can improve services to teens?  
\_\_\_\_\_  
\_\_\_\_\_

[OPTIONAL] Do you have any physical limitations, medical conditions, and/or allergies that library staff should know of?  
*Answers to this question do NOT determine TAB acceptance but help customize volunteer tasks.*

**Parent/Guardian Information**

**\*This section MUST be filled out & signed before you can join TAB\*\***

Parent or Guardian (also emergency contact):

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Parent/Guardian Statement:** I am aware my teen is applying for a volunteer position with the Mildred Whipple Library’s Teen Advisory Board (TAB) program and that only staff members will have access to my teen’s application information. I have read and understand the expectations of TAB members and support my teen’s participation. I also understand that I am listed as my teen’s emergency contact.

**Photo release (select one):**

I give the North Douglas Library District permission to publish my teen's photo (including, but not limited to, printed materials, social media posts, and other marketing materials).

I do not give the North Douglas Library District permission to publish my teen's photo for any reason but understand the library is a public space and some library activities (such as programs) will include filming by attendees.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Teen Applicant Statement:** I have read and understand the requirements for the Mildred Whipple Library’s Teen Advisory Board (TAB) and I am willing to be an active member. I understand that I am not an employee of the North Douglas Library District (NDLD) or their affiliations and I am acting as an unpaid, independent volunteer. I also understand that I must adhere to all NDLD policies and be an exemplary example of a library ambassador. I understand that I may be removed from TAB in the event I fail to meet TAB expectations.

**Teen Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Thank you for taking the time to complete this form. The Mildred Whipple Library appreciates your interest in joining the Teen Advisory Board program. Applicants will be contacted within approximately two weeks of submission.*

**The North Douglas Library District reserves the right to deny any volunteer applicant.**

**LIBRARY STAFF USE**

Received by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_