



**LAUREL COUNTY PUBLIC LIBRARY
TEEN ADVISORY BOARD APPLICATION (PART 1)**

Teen Advisory Board (TAB) members must be currently enrolled in middle school or high school. TAB members will be expected to attend monthly meetings. These meetings will last up to 1 hour. TAB members will have the opportunity to share ideas and suggest improvements to teen services. TAB members provide an important service; if you are not able to make a serious commitment to this program, we would prefer you contact us at a later date when you are better able to do so.

There are (3) parts to this form. All must be submitted for your application to be complete.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # (home): _____ (cell): _____

Email Address: _____

Emergency Contact (name): _____ Relationship: _____

Telephone# (home): _____ (cell): _____

Parent/Guardian Email Address: _____

Name of School: _____ Year/Grade: _____

Would you be able to attend monthly meetings? _____

For what school/educational organization project do you need hours? _____

For what Teen Advisory Board (TAB) term are you applying?

Semester: _____

List your top two days and times of the week you prefer to meet:

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Volunteer Questionnaire

Please answer the following questions honestly. This will help us match our volunteers to programs and tasks for which they would be best suited.

Please check any statements that apply to you:

- I am creative
- I like to do craft projects
- I am outgoing
- I am quiet/shy
- I am friendly
- I know how to use the library catalog
- I like to draw/color/paint
- I get bored easily
- I finish everything I start
- Other hobbies/interests? _____
- I have computer skills
- I follow directions well
- I have experience taking photos
- I pay attention to details
- I know my way around the library
- I like things neat and tidy
- I need to keep busy all the time
- I like to organize
- I like to act/perform

List your volunteer experience or work experience:

Employer/Organization	Hour and Duties

Why do you want to become a member of the Teen Advisory Board (TAB)?

What changes would you make to the Laurel County Public Library to better serve teens?



LAUREL COUNTY PUBLIC LIBRARY
TEEN ADVISORY BOARD APPLICATION (Part 2)
CONFIDENTIALITY WAIVERS AND PARENTAL CONSENT

Parent/Guardian – For Volunteers under age of 18

I, _____ as parent/guardian of _____ do hereby release and hold harmless the Laurel County Public Library from any and all liability, claims, or causes of action that may arise for any accidents, injuries, or illnesses that may occur to my child from his/her participation in the volunteer program. I also agree that Laurel County Public Library has permission to use my child's photograph or videotaped image in publicity about library activities.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ **Date** _____

Teen Advisory Board Member – For ALL TAB Members

I, _____, understand that in my capacity as a Laurel County Public Library TAB member, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended. I understand that volunteers will be accepted based on the Library's need, that the Library does not accept volunteers on a drop-in basis, and that a date/time must be agreed upon by both parties. If I am accepted, I understand that it is my responsibility to show up at the scheduled time.

Student Printed Name _____

Student Signature _____ **Date** _____



CONFIDENTIAL SCHOOL RECOMMENDATION
FOR TEEN ADVISORY BOARD POSITION (Part 3)

Dear Counselor or Teacher:

Each student who applies for Teen Advisory Board (TAB) work must have a recommendation from school. We would appreciate your evaluation and comments to help us choose candidates who will best benefit from our program while serving our organization and the recipients of our services. This information will be kept confidential. Please return the completed form to me at the address below at your earliest convenience by mail or by placing in a sealed envelope, signing across the flap, and returning to the student. You may also email me the pertinent information. Thank you for your assistance.

Susan Fawbush
Laurel County Public Library
120 College Park Drive
London, KY 40741
Phone: 606-864-5759
sfawbush@laurellibrary.org

CONFIDENTIAL RECOMMENDATION FOR TAB MEMBER

Student's Name: _____ Grade Level: _____

School: _____

Please place an X in the appropriate box.

	Excellent	Good	Average	Below Avg.	Poor
Attendance					
Scholastic Record					
Dependability					
Courtesy					
Willingness to Help					
Initiative					

Comments: _____

Teacher/Counselor Printed Name: _____

Teacher/Counselor Signature: _____ Date: _____