



Date: _____

Application deadline: _____

Teen Advisory Board (TAB) Application

Name: _____ Date of Birth: _____

School: _____ Grade: _____

Email: _____ Phone: _____

Memberships in clubs or organizations:

Name	Position (if applicable)	Time Served

Why do you want to be a member of TAB?

What two new programs (events) for teens would you like to see at the library and why?

What is your favorite book/series and why?

Have you ever volunteered at a library before? If so, which?



Please note that the number of positions currently open for TAB are limited. As such, upon review of your application there will be an interview. After the interview, critical feedback will be provided if requested. As this is a new group, all leadership positions are currently open. If you are interested in filling any of these positions, we ask that you please indicate your interest below. There will be additional questions in your interview if you chose to do so, and your answers to those questions will be made available to TAB members before the first meeting where a vote will be held. Please also prepare a brief 3-5 minute presentation for why you should be elected for the first meeting.

I am interested in filling a leadership position of OPL's Teen Advisory Board. I understand that this will require additional time on my part, and agree to fulfill those duties to the best of my abilities.

I am interested in the position/s: **President** **Vice-President** **Secretary** **Engagement Manager**

By signing, you will be agreeing to the following rules if selected:

- 1.) I will do the best I can to attend the monthly TAB meetings. If I cannot make it, I will contact the library in advance. More than two unexplained absences may result in losing membership.
- 2.) I will attend and assist with the set up & clean-up of at least one teen program per month as per the schedule decided upon at each meeting (barring emergencies).
- 3.) I will be respectful and courteous towards other TAB members, librarians, and library patrons. This includes listening while others speak, asking questions for clarification as needed, and refraining from unduly negative comments.
- 4.) I will show respect towards the library and its materials by leaving meeting spaces neat and orderly.
- 5.) During meetings, activities, and library functions, I will act in a way that reflects positively upon myself and the Oneonta Public Library.

Breaking one or more of these rules may result in a review of the current membership status.

Signature

Date

I am aware that _____ is applying to be a member of the Oneonta Public Library Teen Advisory Board, and if he/she does not have his/her own transportation I will provide or arrange transportation to events as my schedule permits.

Parent or Guardian Signature

Date

To turn in your application, please either turn it in at the front desk of the Oneonta Public Library, or email it to Cassandra at oplprograms@otelco.net. Applications are available in .pdf format at oneontapubliclibrary.org.

For further information on the Teen Advisory Board, the duties and responsibilities of the leadership positions of the Teen Advisory Board, and volunteering, please visit us at oneontapubliclibrary.org. Please direct any further questions to Cassandra, the TAB Library Advisor, by email at oplprograms@otelco.net, or by phone at (205) 274-7641.