

# TEEN ADVISORY GROUP APPLICATION FOR MEMBERSHIP

FOR GRADES 6-12

## WHY JOIN THE TEEN ADVISORY GROUP?

- Provide feedback and suggestions for all aspects of the library teen department.
- Help create, promote, and assist with teen programs and other service projects.
- Get service hours for attending meetings, planning and attending teen programs and assisting with community service projects.
- Help create awareness of the library and the TAG program throughout our community.
- Make new friends, have fun and more!

## WHAT IS EXPECTED OF TEEN ADVISORY GROUP MEMBERS?

- Attend regular meetings and programs.
- Be an active and positive participant in the group.
- Attend the teen programs we plan.
- Volunteer time or service to the library to help our Teen Services program and the library system as a whole.

DATE OF APPLICATION: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT/GUARDIAN NAME/PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME/PHONE: \_\_\_\_\_

## **HELP US GET TO KNOW YOU BETTER:**

1. Why do you want to be a Teen Advisory Group member?
  
2. What are some of your hobbies, special interests or skills?
  
3. What activities interest you the most?
  - Planning events
  - Advising on book and media purchases
  - Working with children
  - Creative activities/crafts
  - Computers and technology
  - Videos, Pictures and Podcasts
  - Social Media : Instagram / Twitter / Vine
  - Writing, drawing and creative pursuits
  
4. If given the chance, what is the first thing you would do to improve the library for teens?
  
5. What are three words that describe you?
  
6. Do you require a record of your volunteer service?
  - Yes
  - No

## **TELL US WHEN YOU ARE AVAILABLE:**

Tag members will be encouraged to attend regular meetings. Regular group meetings will be once a month. Occasional special meetings will be held according to special projects planned. TAG will not hold meetings on federal or state holidays since the library will be closed then. Please specify which days and times of the week you are usually available for special meetings and programs:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturdays:

Sundays:

**CERTIFICATION OF APPLICANT:**

I have read and initialed each item in this contract and I agree to adhere to this policy. I also certify that all statements in this application are true and complete to the best of my knowledge. I understand that any false statements will subject me to disqualification or dismissal.

**Student's Signature** \_\_\_\_\_ **Date**\_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

HOLD HARMLESS:

**Name of TAG Applicant:**\_\_\_\_\_

As the legal guardian of the participant in the Harlingen Public Library TAG program, I hereby agree to indemnify and hold harmless Harlingen Public Library and its officers, agents, or any third parties injured by the participant for any injury in any way arising out of the participant's activities in the program. In addition, I understand the participant is not an employee of Harlingen Public Library and as such, is not eligible for salary benefits or any other type of compensation arising from the services which he or she is voluntarily providing. I also understand that Harlingen Public Library will not be responsible for any transportation to and from any activities.

**Name of Legal Guardian (Print)**\_\_\_\_\_ **Guardian's relationship to applicant**\_\_\_\_\_

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Photo/Video Release Form**

I hereby give permission for my child's photograph/video to be taken and used by the Harlingen Public Library for publication of the photograph in brochures, web sites, leisure guides and other promotional materials. This includes permission for the Harlingen Public Library to copyright the photograph in its name. The purpose of the promotional materials is to encourage people to use the Harlingen Public Library and participate in library programs. I hereby release the Harlingen Public Library from all claims arising out of its use of the photograph, including all claims for libel or invasion of privacy.

I confirm that I have read this form and understand its contents.

**Parent or Guardian Name (Please Print)**

**Signature of Parent/Guardian:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE TURN INTO FRONT DESK AT LIBRARY      \*\*ATTN CIRC\*\* TO BE PUT IN SARAH'S BOX**

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