

# LARRY J. RINGER LIBRARY TEEN ADVISORY BOARD (TAB) TEEN VOLUNTEER APPLICATION

1818 Harvey Mitchell Pkwy S

College Station TX, 77845

979-764-3416

## WHO CAN JOIN?

\* *Teens in 7th through 12th grade*

## WHAT DOES THE TEEN ADVISORY BOARD DO?

- \* *Advise the library staff on teen interests and trends*
- \* *Suggest ideas for teen programs*

## WHEN DO THEY MEET?

\* *About once a month --before or after teen programs*

## IS THERE A BENEFIT TO JOINING?

- \* *Sure! You earn volunteer hours for attending TAB meetings and working at Library programs*
- \* *You develop leadership skills while serving your community*

## HOW CAN I JOIN?

Return this form to the Youth Services Librarian Desk. You must have a parent/guardian signature and a valid email address and phone number.

Name \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Library Card # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

EMAIL: (please write clearly) \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

Which days and hours are you available to volunteer?

**Person to notify in case of emergency:**

Name			
Street			
City, Zip			
Email address			
Home phone*		Cell phone*	

\*Please indicate the preferred contact.

**Parental or Guardian Liability Release and Participation Permission:**

Neither the Larry J. Ringer Public Library nor the City of Bryan will be held liable for injuries sustained by my child or any other person as a result of his/her action or the action of others.

I give my child permission to volunteer at the Larry J. Ringer Public Library.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Teen Agreement and Signature:**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may disqualify me from volunteer work.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Do you have any health restrictions we should know about?	Yes _____	No _____
If so please describe: _____		
_____		
_____		

Return your completed application to the **Youth Services Department** at  
Larry J. Ringer Public Library, 1818 Harvey Mitchell Pkwy. S., College Station, TX 77845  
If you have any questions, call (979) 764-3416 and ask for Youth Services.