



APPLICATION FOR TEEN ADVISORY BOARD (TAB)

MEMBERSHIP MISSION, OBJECTIVES, AND GUIDELINES

Mission: To make the library a better, more appealing place for teens who want to study and meet!

Objective: The main objective of TAB is to involve teens in the functioning of the library by seeking out their ideas on programs, services, and materials specifically for young adults, thereby improving Youth Services at the Moffat Library.

Possible Tasks for TAB Members:

- Help to plan, present, and attend teen and children's programs (such as the Halloween Carnival)
- Help with suggestion of books, magazines, DVDs, and music
- Publicize young adult activities to peers and recruit more TAB members
- Help create an inviting Young Adult Room

Benefits of TAB membership:

- Have influence towards our Teen and Children's Services
- Become involved in your community
- Benefits resumes and college applications

Members must:

- Be a student in grades 7-12
- Have parental permission
- Have a Moffat library card
- Attend meetings

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(continued from front)

I have read and understand the Mission, Objective, and Guidelines:

Today's Date: _____

TAB Applicant Name (Please print): _____

TAB Applicant Signature: _____

TAB Applicant E-Mail: _____

TAB Applicant Phone #: _____

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Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____

Parent/Guardian Phone #: _____



APPLICATION FOR TEEN ADVISORY BOARD (TAB) Questionnaire

The Moffat Library is currently accepting applications for TAB, Moffat Library's Teen Advisory Board. The Youth Services Librarian needs your ideas about activities, library items, and changes that would make the library a better place for you and your peers to visit. TAB sets its own meeting schedule based on the most convenient time for its members.

- 1.** What positive qualities do you possess that would enable you to benefit our committee?

- 2.** What do you consider to be the library's strengths and weaknesses? What changes would you suggest we make so our library will better benefit young adults?

- 3.** Are there any sports, extracurricular activities, or jobs that you are involved in that may be a time conflict?



VOLUNTEER WAIVER

I, _____, state that I have volunteered my services to the Moffat
(Your Full Name)
Library of Washingtonville and do hereby waive any right of claim now or in the future for any
injury to my person or property that may occur directly or indirectly in the performance of such
services or any other service tasks that I am requested to perform. I understand that by signing
this waiver I am assuming all liability for my person and property during the time I am
performing volunteer services.

Volunteer Name: _____ Date: _____

Applicant's Signature: _____ Date: _____

(If under 18) Signature of Parent or Guardian:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

Director's Signature: _____ Date: _____

Moffat Library of Washingtonville
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