



TEEN ADVISORY BOARD APPLICATION

Position

Teen Advisory Board (TAB) Member

Description

The advisory team will help the Scottsdale Public Library meet the needs and interests of the teen population in the community. The TAB offers suggestions and provides input about teen reading interests, collection, makerspace, college and career center, recreational activities, book displays, special events, programming, and attends city/library events as library ambassadors.

Opportunities

1. Suggest program ideas for teens and kids.
2. Offer advice and assist in marketing teen events and services to teens in the community. Such as potential makerspace, and college and career center initiatives.
3. Suggest teen materials for purchase including books, audiobooks, e-books, music, and games.
4. Suggestions to participate as podcast guest(s).
5. Attend city/library events as library ambassadors.
6. Other duties as assigned.

Qualifications

1. Current Arizona resident.
2. Must be a middle or high school student between the ages 12-18.
3. Enthusiastic about providing ideas for teen programming/services.
4. Willingness to participate on a creative team.

Commitment

1. One year – August 2025 to May 2026
2. Attend, participate, and assist in meetings – no more than two unexcused absences.
3. Respond promptly to TAB email/phone communication.

_____ *Initial*. I have read and understand the above duties, qualifications, and commitment required of a TAB member to the best of my knowledge.

PERSONAL INFORMATION

Name _____ Personal pronouns _____

Street Address _____

City _____ State _____ Zip Code _____

School _____ Grade _____

DOB _____ Age _____ *(must be at least 12 years old)*

Phone Number _____

Email Address _____

AT WHICH LIBRARY DO YOU WANT TO JOIN THE TEEN ADVISORY BOARD (TAB)? PLEASE ONLY SELECT ONE.

☐ Appaloosa ☐ Arabian ☐ Civic Center ☐ Mustang

INDICATE YOUR T-SHIRT SIZE

☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ 3XL

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name _____ Relationship _____

Phone _____

PHOTO RELEASE

I allow the City of Scottsdale and/or the Scottsdale Public Library System to use my child's picture in printed publications and/or on our website.

CERTIFICATE OF APPLICANT

All answers and statements in this application are true and complete to the best of my knowledge. I understand any untruthful or misleading answers are cause for rejection of my application or of my disqualification from the Teen Advisory Board.

Signature _____

Date _____

As the Legal Guardian of the participant on the Scottsdale Public Library's Teen Advisory Board, I also adhere to this policy. I hereby agree to indemnify and hold harmless the City of Scottsdale and its officers, agents, or any third parties injured by the participant or any injury in any way arising out of the participant's activities in this program.

Signature of Parent/Legal Guardian _____

Date _____