Teen Advisory Board (TAB) Application

Position

Teen Advisory Board (TAB) member

Description

The advisory team will help 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.
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 of 12-18 at the start of the current school year.
3. Enthusiastic about providing ideas for teen programming and services.
4. Willingness to participate on a creative team.

Commitment

1. One school year (August-May)
2. Attend, participate and assist in meetings with no more than two unexcused absences.
3. Respond promptly to TAB email and/or phone communication.

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

Please fill out the fields below and return with signatures of applicant and parent/guardian signed in blue or black ink.

Personal Information

NAME: **PERSONAL PRONOUNS:**

STREET ADDRESS:

CITY, STATE AND ZIP CODE:

SCHOOL: **GRADE:**

DOB: **AGE:**

PHONE NUMBER:

EMAIL ADDRESS:

At which library do you want to join the Teen Advisory Board? Please only select one:

☐Appaloosa ☐Arabian ☐Civic Center ☐Mustang

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 Advisrory 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:**