Shelby Township Library Teen Advisory Board Application

Return application to Shelby Township Library’s front desk or email it to Youth Services Librarian Jennifer Sunderhaus at sunderhj@libcoop.net

About the Teen Advisory Board:
• Shelby Township Library’s Teen Advisory Board is open to students in grades 5-12 residing in Shelby Township. TAB volunteers get priority for volunteer hours at the library (we'll contact you first when opportunities are available). TAB volunteers will help decorate the teen area by helping with displays.

• Why join the Teen Advisory Board?
  ❖ Make new friends.
  ❖ Suggest books, magazines, CDs and movies for the library.
  ❖ Plan, set up, and attend programs and events for teens in the community.
  ❖ Gain volunteer experience that looks great on a job or college resume.
  ❖ Gain volunteer hours for school community service requirements.

• What is expected of Teen Advisory Board members?
  ❖ Attending most TAB meetings and contacting the TAB coordinator when you are unable to attend a meeting.
    o Please check the library’s events calendar for dates, or ask a librarian.
  ❖ Being an active participant in the group.
  ❖ Attending most of the teen programs we plan, and attending programs you help plan specifically.

How to Apply:
1. Fill out this form completely and return to the Library’s front desk or email it to Youth Services Librarian Jennifer Sunderhaus at sunderhj@libcoop.net
2. Applicants will be contacted via email or phone if invited to become a member.
3. NOTE: Simply filling out the application does NOT guarantee acceptance to the TAB, but your application will be kept on file for one year.

Please print neatly.
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Please answer the following questions. Print clearly, please.

1. Why do you want to be on the Library’s teen advisory board?

2. What would you suggest to improve Library services to teens?

3. List some of your ideas for programs at the Library you think teens might enjoy.

4. Would you be willing to review books, music or movies for publication on Library’s website or elsewhere?
   Yes  No

5. What are some of your hobbies and interests? (Be sure to include clubs or sports).

6. Do you have any special talents or skills you think would be useful as a member of the Teen Advisory Board (public speaking, writing, art, music, photography, etc)?
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Full Name_________________________________________ Today’s date______________

Preferred Name____________________ Date of Birth_____/_____/______________

Current Age ______ Grade level______ Expected graduation year_______

School: ________________________________

Email________________________@_____________ Do you have Facebook? Yes No

Home Phone ( )_________________ Cell Phone ( )____________________

What is the best way to contact you? (circle one or more)
cell phone home phone email

Do you have your own library card? Yes No

How did you hear about the Teen Advisory Board?

Parent/Guardian Information

Name__________________________________________________________

Relationship_____________________

Home Phone ( )_________________ Cell Phone ( )____________________

Parent or Guardian Email __________________________@________________

For Parent/Guardian: I am aware my teen is applying for a membership on the Library’s Teen Advisory Board. If accepted, an additional permission slip will be required. My teen may receive emails and or calls from the library regarding TAB meetings and volunteer opportunities.

Parent/Guardian Signature: _______________________________________

Teen/Applicant Signature: _________________________________________