

Teen Advisory Board Application

The goal of TAB is to engage and empower teens (ages 13-18) and to provide leadership and volunteer experience to students. One of our main goals of the Teen Advisory Board is to promote library services to teens at the Oregon Public Library. We wish to strengthen the Library's ties to teens in the community by using their knowledge and creativity to create programs and further expand our collection. If you want to make a difference and offer your voice in the library and community, then fill out & return the application form below!

If you have any additional questions, please contact Stephanie Nissen at oregonlibrary@gmail.com.

TAB members will work as a team under the guidance and supervision of the Librarian to:

- Advise, plan and implement teen programs
- Assist with creating ideas for social media posts
- Recommend books, movies, and magazines for the YA collection
- Assist in creating an inviting teen area in the library

Please return the completed application to the Oregon Public Library as soon as possible.

Name: _____ Phone: _____

Address: _____

E-mail: _____ Birthday: _____

School: _____ Grade: _____

Why are you interested in joining the library's Teen Advisory Board?

If possible, please list any prior work or volunteer experience.

Please list any skills or special knowledge you have that might be beneficial to volunteering as a TAB member.

Please list some of your interests:

The Teen Advisory Board meets for one hour each month.
Can you commit to meeting once per month?

Teen Advisory Board members may also be asked to volunteer at OPLD for additional times to assist with different tasks or programs. Would you be willing to do this?

Your Signature: _____ Date: _____

If you are under 16, please have a parent sign below:

I, _____ give permission for my son/daughter
_____, to become a Teen Advisory Board member at the
Oregon Public Library.

Parent/Guardian Signature: _____

Phone: _____ Email: _____

Emergency Contact Information:

Name of person to contact: _____

Relationship: _____

Phone Number: _____

Alternate Phone Number: _____

Thank you! The librarian will be in touch soon!