

TAB Application

Name: _____ Age: _____ Grade: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____
School: _____

Favorite Book: _____ Favorite Movie: _____

What are some of your hobbies? _____

What traits or skills would make you a good TAB member? _____

What do you like most about the library's current services? _____

What changes or additions would you suggest to help up improve library services to teens: _____

The Teen Librarians at GPL understand that scheduling conflicts may occur. By reading and marking the following items, you are stating that you will do your best to participate in TAB opportunities and requirements.

Can you commit to the following responsibilities and requirements for membership?

- Attending the 1 hr meeting each month.
- Hosting at least 1 program every 2 months.
- Helping the library with special projects.
- Participating in community service opportunities.
- Turning in at least 1 review at every TAB meeting.
- Submitting an additional entry for every TeenScene Ezine issue
- Adhering to the Teen Advisory Board Code of Conduct
- Following all GPL policies and rules.

Signature: _____ Date: _____