

New Carlisle Public Library

Teen Advisory Board Application

The New Carlisle Public Library's Teen Advisory Board (TAB) is open to students in grades 6-12. TAB members may choose from a variety of service projects and meetings, including reading to seniors at Vancrest Nursing Home and to younger children during the summer. Members of the TAB are responsible for actively participating, attending as many scheduled teen programs as possible, assisting with set-up and clean-up, promoting reading in our community, and helping the library provide better services to teens.

If you like to read, help others, be active in your community, and are looking for volunteer opportunities, then the TAB is for you!

Name _____ Today's Date _____

Mailing Address _____ Grade _____

Email Address _____ Phone # _____

Name of Parent/Guardian _____

In case of emergency, contact _____ Relationship _____

Contact Information _____

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To be a TAB member you must:

Show respect for other TAB members, library patrons, library staff, and library property. Members must **demonstrate respect for others** by listening attentively when someone else is speaking, asking questions when clarification is needed, and by responding to others in a kind and positive manner.

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

What are your hobbies and interests?

What are some of your favorite books?

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**PARENTS AND VOLUNTEERS PLEASE READ BEFORE SIGNING.
SIGN AND RETURN THE WAIVERS BELOW TO THE
LIBRARY WITH YOUR TEEN BOARD APPLICATION.**

Teen Advisory Board and Teen Volunteer Permission Waiver

As a volunteer, I agree to:

1. Represent the New Carlisle Public Library in a professional manner.
2. Act in a manner that conveys respect to all persons, and in a manner that prioritizes the safety and well-being of all persons.

As a volunteer, I certify that:

1. I have never been convicted of a criminal offense other than traffic-related infractions.

X_____

Teen Volunteer Signature

Date

Waiver of Liability

I, (please print name)_____, (volunteer) choose to participate in the New Carlisle Public Library Teen Board program as a volunteer and understand that my services are donated to the library without compensation or promise of future employment, and are given for educational and charitable reasons. If I am unable to fulfill a scheduled time for any reason, I will notify the children's librarian as soon as possible. I agree to allow photographs, audio and/or video(s) of me to be used by the library in newspaper, Internet, TV, radio, websites and social media.

I, (please print name)_____, (volunteer), and my parents and/or guardians shall indemnify, defend, release, and hold harmless the New Carlisle Public Library from any and all claims of bodily injury or death, damage to property, demands, damages, causes of action, suits, losses, judgments, obligations and any liabilities, costs, and expenses which arise or are in any way connected with the work performed or services provided under this agreement. I understand the nature of the work to be performed and accept full responsibility of risks associated with the work to be performed.

X_____

Signature of Participant

Date

X_____

Signature of Parent/Legal Guardian

Date