



## Teen Advisory Board (TAB) Membership Application

If you are interested in becoming a member of the Teen Advisory Board (TAB), please fill out this application and turn it in at the Teen Reference Desk. After staff receives your application, you will receive confirmation (via e-mail) and further information about upcoming TAB activities.

If you have questions about the TAB, please contact the teen librarian (626) 570-5008 ext. 5607 or send an e-mail to [teenservices@alhambralibrary.org](mailto:teenservices@alhambralibrary.org)

**\*NOTE: Currently TAB will be conducted virtually. Application submission, meetings, & programming will be taking place virtually until further notice.**

### TAB Job Duties include: (for a complete list see the Membership Guidelines)

- Provide input for teen programming
- Recommend materials for purchase
- Promote the use of the library
- Share information and address topics related to teens and young adults
- Act as a teen community liaison to other agencies, service organizations, and community groups, such as the City of Alhambra Youth Commission
- Recruit teen patrons into the library, and recruit other TAB members

### What you need to do:

- Age 14-18
- Be willing to share ideas and participate in discussions
- Attend the monthly meetings and any other meetings or programs TAB is involved with
- Be respectful of others and their ideas
- Want to make a difference
- Actively participate in library teen programming

### Who are you?

Name: \_\_\_\_\_ Email (required): \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

### Emergency Contact

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Best way to contact you: (circle one)      Email      Home Phone      Cell Phone      Mail

What do you like to do in your spare time? \_\_\_\_\_

OVER 



101 S. First Street  
Alhambra, CA 91801  
626-300-1549  
[teenservices@alhambralibrary.org](mailto:teenservices@alhambralibrary.org)  
[alhambralibrary.org](http://alhambralibrary.org)  
 [instagram.com/alhambralibrary](https://www.instagram.com/alhambralibrary)

**Applicant’s Statement of Interest**

I have read and understand the TAB Mission, Guidelines, and Duties. I have also taken the time to share and discuss my interest and involvement in the TAB with my parent or guardian.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent or Guardian’s Statement**

I am the parent or guardian of

\_\_\_\_\_  
(Applicant’s Name)

In signing below I give full permission and support for my teen's participation in the Alhambra Civic Center Library's Teen Advisory Board (TAB). I have read and understand the TAB Mission, Guidelines, and Duties. Should I have any questions or concerns about TAB meetings, activities or events, I will contact the Teen Services staff.

Parent/Guardian's Name - print: \_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Photography Release**

I grant permission to the Alhambra Civic Center Library and the City of Alhambra to photograph me/my children for reproduction on the Alhambra Library’s or City of Alhambra’s Web site or in other official Library publications or displays or for purposes of promoting the Library and its services, without further consideration or compensation. I understand that the photograph(s) may be used in a public newspaper, magazine, report, or any other public document, or in a video or slide project as part of the outreach activities of the Library and the city. I also understand that the Library or the city may modify the photographs in the process of editing.

**Minor/child (under 18):**

Name - print: \_\_\_\_\_

Parent/Guardian Name - print: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

