

DID YOU

KNOW??

The Teen Advisory Board:

- meets once a month
- is for teens *in* 7th grade through 12th grade

Join to share your ideas for teen programming, displays, collection, & more!

Job duties include:

- Provide input for teen programming
- Recommend materials for purchase
- Promote the use of the library
- Share information & address topics related to teens and young adults
- Recruit teen patrons into the library
- Read books & provide reviews for the Robey Memorial Library catalog
- An hour every month for meetings

QUESTIONS?

Contact:

Robey Memorial Library
401 1st Ave NW | Waukon, IA 52172
563/568-4424 | robeymemorial@waukon.lib.ia.us
www.waukon.lib.ia.us

Teen Advisory Board Membership Application

If you are interested in becoming a member of the Teen Advisory Board, please fill out this application and turn it in at the Front Desk. After staff receives your application you will receive confirmation and further information about upcoming board activities.

If you have questions about the board, please contact Robey Memorial Library at robeymemorial@waukon.lib.ia.us or 563/568-4424.

Student Information

Name: _____

Address: _____

City/Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Grade: _____ Birthday: _____

Best way to contact you (circle one):

Email Home Phone Cell Phone Mail

Why do you want to join the Teen Advisory Board?

Emergency Contact (Name/relationship) & Phone:

(over)

Applicant's Statement of Interest

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

Applicant's Signature: _____

Date: _____

Parent or Guardian's Statement

I am the parent or guardian of _____.

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

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Date: _____

Photography Release

I hereby give the Robey Memorial Library permission to use my child's name and digital, photographic, audio or video image in any way it deems appropriate. Such use includes but is not limited to informational and educational programs, promotional pieces, printed publications and fundraising efforts.

Minor/Child under 18 (print):

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Date: _____

JOIN THE ROBEY MEMORIAL LIBRARY'S

TEEN ADVISORY BOARD!

looks great on college applications

FUN
MAKE NEW FRIENDS

Friendly Environment
One day a month

be recognized
Give back to the Community

let your voice be heard

PUT YOUR ideas to use