Teen Advisory Board (TAB) Application
Henrico County Public Library

Return this form to the Library where you want to attend TAB.

Henrico County Public Library Administration: 1700 N. Parham Rd., Henrico, VA 23229/Phone (804) 501-1900

Fairfield Library	501-1930	Libbie Mill Library	501-1940	Tuckahoe Library	501-1910
Gayton Library	501-1960	North Park Library	501-1970	Twin Hickory Library	501-1920
Glen Allen Library	501-1950	Sandston Library	501-1990	Varina Library	501-1980

Personal Information

Name (first/last) _____ Pronouns _____

Preferred Name _____ Birth Date _____

Age _____ Grade _____ School _____

Phone _____ Email _____

Address _____
Street City /State Zip

EMERGENCY CONTACT _____
Name Relationship Phone

Teen Advisory Board Guidelines

- **All TAB members must be at least 12 years old.**
- **For TAB members who are age 14 and under, legal guardians must remain on-site for the duration of all TAB activities.**
- **Once a TAB member graduates from high school, they also graduate from TAB.**
- **Meetings begin on time, so arrive early to enjoy the fun.**
- **Remember to sign in and out to receive full credit.**
- **Participate fully & turn off any electronic devices.**
- **Be respectful of the staff, each other, & the space.**
- **We expect consistent attendance from TAB members so we can do interesting projects.** No more than 3 absences are allowed during the school year. More than 3 absences will result in loss of TAB membership.

Note: Library Staff has the right to address anyone who does not follow the guidelines. Parents will be informed.

Permission

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with the County of Henrico.

RELEASE CLAUSE: *During such times as I am a participant in the County of Henrico Volunteer Services Program, I agree to assume full responsibility for such participation and release the County of Henrico from any damages which I may sustain thereby. I fully understand that if my services are no longer needed, or my performance is not acceptable, the County has the right to terminate my services as required and without notice.*

IMAGE RELEASE CLAUSE: *I hereby authorize print and/or broadcast media to interview, photograph or film me and/or my child for use in county publications, programs, exhibitions, showings or displays, and the promotion thereof in all media. Henrico County may edit such items as desired. I will not hold Henrico County or the County of Henrico Public Library responsible for its use. I hereby represent and certify that I have read the foregoing and fully understand the meaning and effect thereof and by my signature have given my consent for such use.*

_____ \ _____ \ _____
Signature of TAB Applicant Date Date of Birth (if under 18)

_____ \ _____ \ _____
Signature of Parent/Guardian if Applicant is under 18 years of age Date Phone Number

Print and return this form to the Library where you want to attend TAB.

Updated 7/26

Henrico County Public Library
Teen Advisory Board Time Log for_____(year)

Please sign in and track your time. Please leave this form in the TAB notebook. If you need a copy, please ask for one.

Name_____Grade_____Age_____

Phone_____Email_____

Date	Meeting, Event, Other?	Time in	Time out	Total hours

Total Hours Volunteered: _____

Volunteer Signature:_____Date _____

Supervisor Signature:_____Date _____