



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

Preferred Name _____ Pronouns _____

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 in order to receive full credit.
- ♦ Participate fully & turn off any electronic devices.
- ♦ Be respectful of the staff, each other, and 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: The Library Staff has the right to address anyone who does not follow these guidelines. Parents will also be informed.

Permission

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.



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 _____