

Brookshire Pattison Library
Teen Advisory Board (TAB) Application

3815 SIXTH ST

BROOKSHIRE, TX 77423

281-375-5550

WHO CAN JOIN?

- Teens in 6th through 12th grade

WHAT DOES THE TEEN ADVISORY BOARD DO?

- Advise the library staff on teen interests and trends
- Suggest ideas for teen programs

IS THERE A BENEFIT TO JOINING?

- You earn volunteer hours for attending TAB meetings and working at Library programs
- You develop leadership skills while serving your community
- It will look awesome on your college application or job application!

HOW CAN I JOIN?

- Fill out and return this form to the Brookshire Pattison Library. You must have a parent/guardian signature and a valid email address and phone number.

Name _____

TODAY'S DATE _____ Age _____ Grade _____

School _____

Library Card # _____

Home Phone # _____ Cell Phone# _____

EMAIL: (please write clearly) _____

PARENT EMAIL: _____

YOUR SIGNATURE: _____

PARENT SIGNATURE: _____

Which days and hours are you available to volunteer? (14+ only) (Not a requirement)

| | | | | |
|--------------|----------------|-----------------|-----------------|--------------|
| Monday (9-5) | Tuesday (11-7) | Wednesday (9-5) | Thursday (11-7) | Friday (9-5) |
| | | | | |

Person to notify in case of emergency:

| | |
|-------------|--|
| Name | |
| Street | |
| City, Zip | |
| Home phone | |
| Cell phone* | |

Parental or Guardian Liability Release and Participation Permission:

Neither the Waller County Library System nor Waller County will be held liable for injuries sustained by my child or any other person as a result of his/her action or the action of others.

I give my child permission to volunteer at the Brookshire Pattison Library.

Print name: _____

Signature: _____

Date: _____

Teen Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may disqualify me from volunteer work.

Print name: _____

Signature: _____

Date: _____

| |
|---|
| Do you have any health restrictions we should know about? Yes _____ No _____ If so please describe: _____ _____ _____ |
|---|

Return your completed application to the **Brookshire Pattison Library** at
3815 Sixth St. Brookshire, TX 77423
If you have any questions call (281) 275-5550