



## Teen Advisory Board Application / Contract

Please fill out the following information and return to the Northfield Township Area Library.

Members must be between 13-18 years of age and able to commit to at least a one hour meeting a month.

Name (First and Last): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like to be contacted? (Circle one)    Email    or    Text

Name of Parent(s) / Guardian(s): \_\_\_\_\_

Parent / Guardian Phone Number: \_\_\_\_\_

Please initial next to each of the following requirements indicating that you have read and agreed to the policies.

\_\_\_\_\_ Will be punctual for all programs and meetings, and will give notice to the library as soon as possible if I am unable to perform any duties.

\_\_\_\_\_ Will show respect to everyone with whom I work.

\_\_\_\_\_ Will complete assigned tasks to the best of my ability.

\_\_\_\_\_ Will be enthusiastic about volunteering and conduct myself in a professional manner.

*Failure to comply with these requirements will result in removal from the Teen Advisory Board.*

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

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### **PARENT/GUARDIAN PERMISSION:**

As the legal guardian of the participant of the Northfield Township Area Library Teen Advisory Board, I also adhere to these policies. I understand that my teen is expected to attend all meetings and is responsible for any additional hours for which they agree to work. As their guardian, I agree to ensure that they are able to get to the Library when needed.

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