

(Administrative Use Only)

Staff Initials _____

Date Received _____

Date Contacted _____

Teen Advisory Board (TAB) Application

TAB is a volunteer group where teens (ages 12-18) plan and attend library programs.

**Please fill out this application and return it to the Children's desk
or email it to youth.services@chathamlibraries.org**

Name: _____

Phone: _____

Email: _____

Parent or guardian name and email: _____

Why do you want to join TAB? Please describe any relevant work experience and hobbies/interests:

As a TAB member:

- You must attend monthly planning meetings, 2nd Tuesdays at 6:00 pm, and planned events
- You must be able to follow directions and work independently and with a group
- You must be polite and friendly towards each other, library patrons, and staff
- You can use TAB activities to earn community service hours

Teen Advisory Board Agreement:

I can attend TAB meetings and events as described above and agree to fulfill my duties to the best of my ability. I have obtained my parent/guardian's permission.

Teen Signature: _____ Date: _____

Parent Signature: _____ Date: _____



Chatham Community Library
197 NC Hwy 87 N
Pittsboro, NC 27312
(919) 545-8084