



## Lisle Library District - Teen Advisory Board (TAB) Application

**What is the Teen Advisory Board?** The Teen Advisory Board is a configuration of young adults and LLD staff focused on enhancing and empowering the lives of its members through library service. TAB offers the Lisle Library District meaningful insight into the trends and policies that affect teens in our community. TAB members make recommendations to staff about services, materials, programs and displays. TAB members are also able to earn volunteer hours, gain experience working in groups, and learn how to be leaders in their community.

### Requirements

**TAB members must:**

- Be within grades **6-12** (home-schooled students are also welcome to join).
- Be willing to commit to a minimum of 5 TAB meetings per year.
- Fill out a TAB application. Membership renews (with application update) on a yearly basis from the time the application is approved.
- Abide by the Lisle Library Code of Conduct and all LLD policies.

### Help make the Library a great space for Teens:

**What do TAB members do?**

- Regularly attend monthly meetings.
- Offer suggestions for young adult Library materials (books/audiobooks/music/movies/videogames)
- Aide in planning Teen programs through brainstorming, marketing, publicity, setting up, and other Library-related activities.
- Promote ideas, reading, programming and expression by and for Teens by contributing to the Teen Blog and helping create displays.
- Promote the Library, its services and activities in school and in the community.

**When do we meet?** TAB meets on the first Friday of every month, from 6:30 – 8:00 pm.

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**What TAB service goals most interest you?**

- Programs
- Teen Blog
- Displays
- Suggesting Library materials
- Other? \_\_\_\_\_

**What do you think is the most challenging issue Teens face today?**

**Commitment Statement:** I am applying for membership with the Lisle Library's Teen Advisory Board (TAB). I understand that as a member of TAB, I am taking part in volunteer service. My signature confirms that I have read and agree to the requirements and understand the responsibilities associated with the TAB.

**Please print legibly:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

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Parental Consent: By signing your name below you are stating, as the applicant's parent or guardian, that you give your consent for the applicant to participate in the **Teen Advisory Board** at The Lisle Library District.

Parent/Guardian (Please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to volunteer: \_\_\_\_\_

Emergency Contact phone#: \_\_\_\_\_

**Please return the completed application to Youth Services or Adult Services, or email it to [TAB@lislelibrary.org](mailto:TAB@lislelibrary.org)**

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*For Office use only:*

Contacted for meeting: \_\_\_\_\_ Met with: \_\_\_\_\_ Application scanned/filed: \_\_\_\_\_