



Teen Advisory Board (TAB) Application

Return this form to the Library

Ripon Public Library Administration: 120 Jefferson Street Ripon, WI 54971 / Phone: 920-748-6160

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 11 years old.
- For TAB members who are age 18 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. Ripon Public Library may edit such items as desired. I will not hold the Ripon 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 _____

Please have the form sent to Susie Menk (menk@riponlibrary.org)