



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

First Name _____ Last Name _____

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 and in Middle School or High School.
- 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 with Teen Librarian in order to receive full credit.
- Participate fully & turn off any electronic devices during meetings.
- 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 any issues with 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

Signature of Parent/Guardian if Applicant is under 18 years of age

Date

Phone Number

Signature of Secondary Contact Person (if first is unavailable)

Date

Phone Number