



Teen Services

teens@seekonkpl.org | seekonkpl.org/teens

Teen Advisory Board Application

Membership is open to those currently enrolled in middle school or high school. Members get to have a hands-on role in making the library a more useful and fun place for teens to be. Benefits of being a part of the Teen Advisory Board include: earning volunteer hours that can count towards community service requirements, meeting other teens who love to read, getting experience to add to college applications and resumes, and more!

When Does TAB Meet?

We meet on the first Thursday of the month at 3:00 pm.

Member Expectations

TAB members are expected to regularly attend and participate in monthly meetings. There may be optional meetings, in addition to the regular monthly meetings, to work on projects created by TAB members. Members are expected to miss no more than 4 TAB meetings in a calendar year.

Become a Member

Once you submit your TAB application, it will be reviewed by our library staff. If your application is approved, you will be contacted by email and sent a letter of acceptance. After being approved, you must attend 2 consecutive TAB meetings to become an official TAB member.

Name: _____ Grade: _____

Address: _____

Email: _____

Home Phone: _____ Mobile Phone _____

School: _____

Why are you interested in joining the Teen Advisory Board and how did you hear about it? _____

What do you like about the library?: _____

Have you ever attended a teen event at the library? If so, which one(s)? _____

Who is your favorite teen author/what is your favorite teen book?: _____

What are your hobbies and interests? _____

TAB meets on the 1st Thursday of every month. Is there any reason you'd miss multiple TAB meetings? _____

Applicant's Signature: _____ Date: ____/____/____

Over--->

Parent/Guardian Name: _____

Phone: _____ Email: _____

Emergency Contact Information: Name of person to contact:

Relationship: _____ Phone Number: _____

Alternate Phone Number: _____

Parent/Guardian Permission

I do hereby give _____ my permission to provide unpaid service as a volunteer at the Seekonk Public Library. I do hereby release the Town of Seekonk, the Seekonk Public Library and its administration and staff from any and all liability in the event of any injury or illness while providing services at the Seekonk Public Library. I will contact Amy Greil if I have any concerns by emailing her at teens@seekonkpl.org or calling 508-336-8230 ext. 56141.

In the event of injury, accident or illness, I release and discharge Seekonk Public Library, the Town of Seekonk, and its staff and volunteers from any manner of action and actions, cause and causes of action, suits, damages, claims or demands whatsoever arising out of my child's unpaid service at the Seekonk Public Library, including all claims for compensation thereof.

I hereby give Seekonk Public Library and its assignees the right to photograph, film, videotape, or audio-record my child for the purposes of promoting the library and volunteerism. I also grant the Seekonk Public Library all rights, title and interest in any and all recordings, photographs, or images of my child or their likeness made by the library in connection with my child's volunteer service to the Library.

Parent/Guardian Name (please print): _____ Date: _____

Parent/Guardian Signature: _____