

North Douglas Library District

Mildred Whipple Library
TEEN ADVISORY BOARD APPLICATION



Thank you for your interest in becoming a Teen Advisory Board member! Please fill out this application and return it to the Mildred Whipple Library. Teen Advisory Board members should be prepared to commit to a minimum of 1 hour per month during service. Applications may be accepted anytime, however please check position availability.

Application Date: \_\_\_/\_\_\_/\_\_\_

Full Name: \_\_\_\_\_ Preferred Name (optional): \_\_\_\_\_

GENERAL INFORMATION

School: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_

Favorite Class: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Preferred method of contact: email call text

Address: \_\_\_\_\_
\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_
\_\_\_\_\_

Do you have any physical limitations or medical conditions that might affect the work you can do? Yes \_\_\_ No \_\_\_

If yes, are you comfortable sharing more information with library staff? \_\_\_\_\_

Do you have any allergies? Yes \_\_\_ No \_\_\_

If yes, are you comfortable sharing more information with library staff? \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION**

**Parent or Guardian (also emergency contact):**

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian Statement:** I am aware my teen is applying for a volunteer position with the Mildred Whipple Library’s Teen Advisory Board (TAB) and that only staff members will have access to my teen’s TAB application information. I have read and understand the expectations of TAB members and support my teen participating in this activity. I also understand that I am listed as my teen’s emergency contact.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT QUESTIONS**

**Why are you interested in becoming a Teen Advisory Board Member?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What relevant skills, hobbies/interests, education, work, and/or volunteer experience do you have that would be useful as a member of the TAB?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What would you suggest to improve the library’s services to teens?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**What issues do you think teens in this community face? Please list a few ideas for how you would approach these issues as a TAB member.**

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**Have you volunteered or worked in a library before?** Yes \_\_\_\_\_ No \_\_\_\_\_

**How often do you use the library?** *(Circle all that apply.)*

Daily          Once per week          Every other week          Monthly          Once per year

During the summer    When I have a homework assignment          When I have a group project

I access the library from home

**Do you speak a language other than English?** Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what language(s)? \_\_\_\_\_

**Are you planning to use this volunteer experience to fulfill requirements for a class, community service, or to gain new skills toward a career?** Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain how we can help: \_\_\_\_\_

**Last 3 books you LOVED (audiobooks count!):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date read: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date read: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date read: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Is there anything this application missed that you feel is pertinent to your volunteer application being approved?** \_\_\_\_\_

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**Photo release (select one; if you are under 18 your parent/guardian must sign):**

- I give the North Douglas Library District permission to publish my photo (including, but not limited to, printed materials, social media posts, and other marketing materials).
- I do not give the North Douglas Library District permission to publish my photo for any reason.

**Teen Applicant Statement:** I have read and understand the requirements and expectations for the Mildred Whipple Library’s Teen Advisory Board (TAB) and I am willing to be an active member. I understand that I am not an employee of the North Douglas Library District (NDLD) or their affiliations and I am acting as an unpaid, independent volunteer. However, I also understand that I must adhere to all NDLD policies and be an exemplary example of a library ambassador. I understand that I may be removed from the TAB in the event I fail to meet TAB expectations, and that my service as a member of the TAB can be used on a college or employment resume.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Thank you for taking the time to complete this form. The Mildred Whipple Library appreciates your interest and a staff member will be in contact soon about your application. **The North Douglas Library District reserves the right to deny any volunteer applicant.***