



# Teen Advisory Board (TAB) Application Henrico County Public Library

**Return this form to the Library where you want to attend TAB.**

Henrico County Public Library Administration: 1700 N. Parham Rd., Henrico, VA 23229/Phone (804) 501-1900

Fairfield Library	501-1930	Libbie Mill Library	501-1940	Tuckahoe Library	501-1910
Gayton Library	501-1960	North Park Library	501-1970	Twin Hickory Library	501-1920
Glen Allen Library	501-1950	Sandston Library	501-1990	Varina Library	501-1980

## Personal Information

Name \_\_\_\_\_

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 12 years old and enrolled in the 7th grade or higher (or the equivalent).
- ◆ 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 all electronic devices.
- ◆ Be respectful of the staff, each other & the space.
- ◆ More than 2 unexcused absences will result in loss of TAB membership. No more than 4 absences total (excused and unexcused) are allowed during the TAB Year (usually the same as the school year). We expect consistent attendance from TAB members so we can do interesting projects.

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. Henrico County may edit such items as desired. I will not hold Henrico County or the County of Henrico 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

Print and Return this form to the Library where you want to attend TAB.

Print Form

