



# Teen Advisory Board (TAB) Leadership Team 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
------	--------------	-------

## TAB Leadership Team Guidelines

**TAB Leaders follow all of the TAB Guidelines (see the TAB Application for the full list) and TAB Leaders take on additional responsibilities. While the nature of these responsibilities vary for each TAB, all TAB Leaders will:**

- **Complete an application.** The application process is competitive; availability of seats on the TAB Leadership Team and quality of responses will determine placement.
- **Be a role model.** At TAB and library functions, act in a way that reflects positively on Henrico County Libraries.
- **Be an advocate.** Promote reading and library use.
- **Attend meetings and TAB-planned events.** Please be aware of the increased time commitment you are making. Make sure your TAB Leadership Team duties will not conflict with your other commitments. You will be integral to planning the focus of TAB. After three unexcused absences at TAB Leadership Team meetings, a TAB Leader will lose his/her position on the Leadership Team and will have to reapply after 3 months.

## Personal Statement for TAB Leadership Team (complete here, or attach to the form)

I would like to join the TAB Leadership Team/Council because...

## Permission

**IMAGERELEASECLAUSE:** 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



# Henrico County Public Library

## Teen Advisory Board Time Log for \_\_\_\_\_(year)

*Please sign in and track your time. Please leave this form in the TAB notebook.  
If you need a copy, please ask for one.*

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date	Meeting, Event, Other?	Time in	Time out	Total hours

**Total Hours Volunteered:** \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_