81st Ave Teen Advisory Board (TAB)
Member Application

Name____________________________________ Age_____ Birthday________

Address__________________________________________________________________________

Phone (cell)_________________________________ Phone (home) __________________________

Email______________________________________________________________________________

School__________________________________________ Grade_____

Community Service? Yes □ No □ Hours needed__________

Food allergies? ________________________________________________________________

Person to contact in case of emergency:

Name__________________________________ Phone______________________________

The Oakland Public Library also has permission to use my photograph or videotaped image in publicity about the Library and its activities. ___Yes ___No

What is the Teen Advisory Board?
The TAB is a group of teens who meet once a month for fun and lunch, to help make your library a better place, and gain leadership skills for college and job applications and fulfill community service hours.

Why join the Teen Advisory Board?
81st Ave is YOUR library: we want to hear your voice! Also it’s really fun.

TAB MEMBER EXPECTATIONS:

• Time Commitment: 1-hour meeting every 3rd Saturday of the month from 11:30-12:30.
• Show up on time. Message Ms. Natasha if you can’t make it to a meeting.
• Assist with other fun stuff and programs as requested.

I have read the list of duties, and can commit to joining the TAB:

Signature: ___________________________________________________________
Tell us a little about yourself! Why are you interested in joining the 81st Ave Teen Advisory Board?
________________________________________________________________________________
________________________________________________________________________________

Have you ever volunteered before? _____________ If so, what did you do? ______________________
________________________________________________________________________________
________________________________________________________________________________

What else would you like us to know about you? What are your interests? Special skills?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Confidentiality Statement:
I understand that in my capacity as a City of Oakland volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.
Teen signature________________________________________ Date_____________________

Parent Permission Required for Volunteers under 18

I give my permission to complete the placement of my child ______________________ in a volunteer position with the Oakland Public Library. I ____________________________, do hereby indemnify and hold harmless the City of Oakland, its employees, volunteers, or agents from any liability for accidents, injuries or illness that may occur to my child from his or her participation in the Library Volunteer Program.
Parent/Guardian signature_____________________________ Date___________
Address__________________________________________Telephone_________________

QUESTIONS? Contact Ms. Natasha 510-615-5812
NMoullen@oaklandlibrary.org