

TAB

Teen Advisory Board

Ninth through twelfth graders are eligible.

Meetings are usually held at 3:30 p.m.
on Saturdays at the Main Library in
downtown Columbia.

TAB members earn volunteer hours for their time.

Questions?
Contact Dee Robinson at 988-0890
or drobinson@myRCPL.com.

Visit Teen Central at
www.myRCPL.com/teen!

Interested in joining?
Just complete and return the
attached TAB application to
any RCPL location.

TAB meets once a month to discuss program ideas, develop
content for the **Teen Central** Web site and help get the word
out about the cool things happening at the library.

Teen Advisory Board Volunteer Application

Richland
County
Public
Library

Applicants must be in 9th through 12th grade.
Volunteers hours will be determined by supervisors.

First Name:			
Last Name:			
Birth date (Month/ Day/ Year):			
Mailing Address:			
Telephone:	City:	State:	Zip:
E-mail Address:			
Name of Parent/Guardian:	Work/Cell Phone:		
Name of School:	Current Grade:		
Special Skills, Interests, Hobbies:			
How did you learn about the Teen Advisory Board?			
IF you have volunteered at RCPL, when did you volunteer?		At what location?	

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☐ Please check here if you want this volunteer service to count toward a requirement of school or another organization.

I understand that acceptance as a Teen Advisory Board volunteer at RCPL is selective, not automatic. Acceptance is based on various factors, such as the number of current volunteers and the amount of hours and times that I am available.

My answers to the above questions are true. I understand that failure to abide by the library's rules, procedures and code of conduct, as well as not meeting appropriate expectations, will result in corrective action that may include suspension or dismissal.

Applicant's Signature: _____ Date: _____

PARENT'S AGREEMENT: Your child is applying to be a Teen Advisory Board Volunteer with RCPL. While this is a volunteer position, we expect your child to meet his or her obligations to fulfill this commitment.

1. I agree to meet my child's volunteer schedule.
2. I realize that my child is expected to have transportation to and from the library and that my child should not remain except to use library materials or services. I also understand that meeting locations may vary and that all meetings may not be held at one library location.
3. I realize that the library's responsible for my child only during Teen Advisory Board activities.
4. I verify the accuracy and completeness of the information on my child's application.
5. I understand that library staff may communicate with my child and all Teen Advisory Board members by e-mail.
6. By signing below, I authorize the library to use my child's name and photograph in library publicity materials.

Parent/Guardian Signature: _____ Date: _____