



Ellsworth Public Library Teen Advisory Board (TAB) Application (teens aged 12-18)

- applications accepted anytime
- for teens who want to take on an active leadership role to help advise the library on teen programming
- application must be accepted before joining TAB
- Please read the TAB FAQs sheet and complete the application form below. For questions or other volunteer opportunities, please contact Youth Services Librarian Caroline Herfindahl at cherfindahl@ellsworthlibrary.org

Date of Application: _____ First and Last Name: _____

Preferred Name: _____ Preferred Pronouns: _____

Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Current Age: _____ Current Grade Level: _____

School Name/homeschool: _____

Do you have Facebook? _____ Instagram? _____ Tik Tok? _____ Other? _____

What is the best way to contact you? _____

How did you hear about the Teen Advisory Board? _____

Do you have an EPL library card? _____

Why are you interested in being on the Teen Advisory Board? _____

What days and times would you be able to meet? _____

_____ (TAB usually meets 1 hour per month)

What do you like most about the library and what changes do you think we could make to improve the library for teens? _____

List some of your ideas for programs at the library that you think teens would enjoy.

What are some of your hobbies/interests/talents:

List ideas of how you could share your hobbies/interests/talents with others at the library.

What clubs or activities do you wish were offered through your school? _____

Have you ever attended a library program for teens before? _____

Tell us about it. _____

In what areas do you have the most interest? Circle all that apply:

| | | |
|------------------------------------|---|----------------------------------|
| planning teen events | advising selection of movies, books, video games | |
| performing community service | promoting the library through social media or other means | |
| photography/video editing | art/design | attending Library Board Meetings |
| writing reviews for teen materials | planning a Teen Book Club | |

Other (explain) _____

What do you think is the most challenging issue teens face today? _____

Is there anything else you would like us to know as we consider your application?

For Parent/Guardian

Parent/Guardian Name: _____

Relationship to teen: _____

Phone _____ Parent or Guardian Email _____

Parent/Guardian: I am aware my teen is applying for membership on the Library's Teen Advisory Board. If accepted, my teen also has my permission to attend meetings and events. I am aware of the expectations for my teen as a part of the Teen Advisory Board. I also acknowledge that my teen may receive emails, texts and/or calls from the library regarding TAB meetings and volunteer opportunities.

Parent/Guardian Signature: _____

Teen/Applicant Signature: _____

Date: _____

Ellsworth Public Library is committed to supporting diversity, inclusion, and well-being within the communities we serve. Call us at 715-273-3209 about making your library services and experiences safe and welcoming.