Monrovia Public Library
Teen Advisory Board Application

321 S. Myrtle Ave. Monrovia CA 91016 ~ 626-256-8274

Membership on the Teen Advisory Board (TAB) is open to any **teen in 7th through 12th grades**.

Why join?

* Help create, plan, and organize events for teens
* Volunteer to help with Library and City-wide events for all ages
* Have a voice in what services and materials you want at the Library
* Gain valuable experience working with Library staff, the public, and your peers

Requirements

* Attend a TAB Orientation (new members only)
* Attend at least 4 TAB Meetings per TAB Year (Sept. – Aug.)
* Volunteer 10 hours per TAB Year (Sept. – Aug.)
* Attend two TAB/teen events per TAB Year (Sept. – Aug.)

MEMBERSHIP: You are a member when you turn in your application and receive a welcome email from the Teen Librarian. Your welcome email will contain information about TAB, upcoming meeting dates, and your next steps as a new TAB member. As a new member you are required to attend one of the orientations held monthly. Orientations are held on the last Monday of every month. The Library accepts applications all year long and applications are active for the current TAB Year, which runs September through August. Members will need to reapply the following September to remain active.

MEETINGS: Meetings are held on **the first available Monday of every month at 5pm in the Library Community Room**.

For more information, please contact **the Library at 626-256-8274 or mplteenservices@monroviaca.gov**

Please fill out the following information and return it to the Library Front Desk.

Name(first and last)_____

Nickname_____ Pronouns_____ Phone (_____) _____-_____

Address _____

E-mail (please print clearly & do not use a school email address):

_____

School _____Grade _____ Birthday (Month/Day/Year)_____

Please help us get to know you by answering the following questions

What are some of your hobbies and interests?

_____

_____

Tell us why you are interested in serving on the Teen Advisory Board.

_____

_____

_____

Are you participating to complete service hours for another organization or school program?

Circle: YES NO

If yes, what organization or school program are you completing hours for?

_____

What types of events would you like to see offered for teens at the library? (Book clubs, crafts/maker events, gaming, social clubs, etc…)

_____

_____

Please list your extracurricular school activities:

_____

_____

How did you hear about the Teen Advisory Board?

_____

_____

Monrovia Public Library Teen Advisory Board Volunteer Contract

TAB Requirements:
To remain active in TAB, volunteers must complete the following:

- Attend a TAB Orientation (new members only)
- Attend at least 4 TAB Meetings per TAB Year (Sept. – Aug.)
- Volunteer 10 hours per TAB Year (Sept. – Aug.)
- Attend two TAB/teen events per TAB Year (Sept. – Aug.)

Please write your initials on the line next to each requirement indicating that you have read and agreed to our policies.

I, _____,

_____ Have read the TAB requirements and agree to follow them to the best of my ability.

_____ Will be punctual for all programs and meetings, and I will give notice to the Library as soon as possible if a problem arises which would prevent me from performing my duties.

_____ Will show respect towards my leaders, peers and the Library patrons with whom I work.

_____ Will keep in mind that I am representing the Library anytime I am volunteering.

_____ Will complete the task assigned to me to the best of my ability.

_____ Will be responsible for checking my email and keeping up to date with TAB communications.

_____ Will be enthusiastic about volunteering and will dress appropriately.

Failure to comply with the contract will result in loss of volunteer privileges

For Teens: I certify that all statements in this application are true and complete to the best of my knowledge. I understand that any false statements will subject me to disqualification or dismissal. I have read and initialed each item in the volunteer contract and agree to adhere to this policy.

I am aware that being a member of the Teen Advisory Board requires a commitment of 10 volunteer hours each TAB Year, and that I will continue to be a TAB member and volunteer at the Library throughout the school year.

Teen Signature_____ **Date** _____

PARENTAL PERMISSION

For Adult: As the Legal Guardian of the participant in the Monrovia Public Library Teen Advisory Board Volunteer program, I also adhere to this policy. I realize that my child is to be responsible for the hours in which they sign up to work.

Guardian Signature_____ **Date** _____

Guardian Name (print) _____

Phone#:_____ **Email Address:**_____

CITY OF MONROVIA
WAIVER RELEASE AND INDEMNITY AGREEMENT 2024/2025 School Year

The participant or parent(s) if under the age of 18 must complete and return this agreement, it is understood that I (The Participant), cannot play, participate, join, engage, assist, serve, or spectate until this waiver, release and indemnity form has been completed.

For and in consideration of permitting _____(print participant name) to participate in **Teen Advisory Board (T.A.B.) 2024/2025** in the City of Monrovia, County of Los Angeles, the undersigned acknowledges, affirms, represents, and covenants, he/she is of lawful age or is the lawful guardian or participant and has the sole right and authority to execute this agreement on behalf of participant in that he/she has not sold, assigned, transferred, conveyed, hypothecated or otherwise disposed of his/her right and authority. The undersigned, his/her heirs, executors, administrators, successors, assigns, directors or agents, hereby release, waive, discharge and relinquish any actions or causes of action, demands, rights, damages, costs, loss of services, expenses and any compensation whatsoever, which may hereafter arise for himself/herself and for his/her heirs, executors, administrators, successors or assigns and shall not prosecute or present any claim for its officers, agents, employees, council members, administrators, or any other persons, firms, corporations, associations or partnerships (hereinafter referred to as "Releases") for any causes of action including, but not limited to, losses caused by the active or passive negligence of the releases.

The _____ (print participant's name) and/or undersigned acknowledges, affirms and understands and assumes all risk inherent in the above mentioned activities and all incidental activities associated therewith and said activities involve a risk of physical injury and/or death to his/her person and property and the undersigned is participating with full and complete knowledge of said risk.

It is the intention of _____ (print participant's name) or the undersigned by this instrument to exempt and relieve releases from liability for personal or bodily injury, property damage and wrongful death.

The _____ (print participant's name) or undersigned, for themselves, himself/herself, his/her heirs, executors, successors, administrator or assigns agrees that in the event any claim of the participant and/or undersigned's child for personal or bodily injury, property damage or wrongful death shall be prosecuted against releases, he/she/they, their heirs, executors, administrators, successors and assigns shall indemnify, defend and hold harmless the releases, their officers, agents, employees, council members, and all other persons, firms, corporations, associations or partnerships from and against any all liability, suites, actions, proceedings, judgments, claims, liens, losses, damages (whether in contract or in tort, including personal and bodily injury, death or property damage), costs and expenses, (including attorneys' fees, litigation, arbitration and mediation expenses) of every nature or kind which arise from, causes by, or which are alleged to have arisen from or to have been caused by, or in negligent or otherwise.

The _____ (print participant's name) and/or undersigned acknowledges that he/she has read the foregoing and, has been fully and completely advised concerning the contents and ramifications of the same and is fully aware of the legal consequences of signing this document. Based upon the independent evaluation of the risk, I/we reaffirm my knowledge and express assumption of the risk and dangers set forth above.

I do _____/do not_____ grant permission for me and/or my child to be videotaped and/or photographed.

_____ _____ _____
Signature of Parent(s) Guardian(s) Participant Printed Name Date

_____ _____
Daytime Phone Number/Evening Phone Number Street Address City State Zip Code