

**Teen Advisory Board (TAB)
Application for Membership
Due by December 18, 2018**

Full Name: _____ Date: _____

Address: _____ Phone Number: _____

Birthday: _____ OPL Library Card Number (Last six digits): _____

School: _____ Grade Level: _____ Email Address: _____

List any extracurricular activities: _____

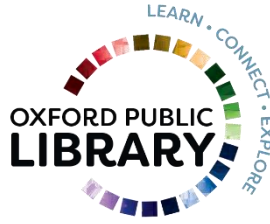
List any library or volunteer experience: _____

We will meet the second Tuesday of every month at 3:30. Will you be available? _____ (If something comes up and you are not available for a meeting or volunteer shift, that is ok! We understand that things comes up, please just let us know.)

What are your top 3 favorite books and why?

Why do you want to be on the TAB? _____

What is one program you would like to see the library have for teens? _____



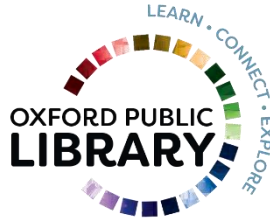
By signing this form, you agree to the following rules if you are selected for membership:

- Members must attend monthly Teen Advisory Board meetings.
- Members must attend and help with the set up and cleanup of teen programs as needed.
- Members agree to be respectful and courteous of other Teen Advisory Board members, the Children’s Librarian, library staff, and library users. Members will demonstrate respect for others by listening attentively when someone else is speaking, asking questions when clarification is needed, and by refraining from negative comments when responding to other people's ideas.
- Members will show respect for library materials and property by leaving meeting spaces neat and orderly.
- During all meetings, activities, and library functions, members will act in a way that reflects positively on the Oxford Public Library.
- Members must be willing to participate in all teen programs, Teen Advisory Board meetings, and to talk to their peers about the teen events at the library. It is understood that schedules, school, jobs, family, etc. will not allow for participation in all events, but the willingness to attend is key.
- Members will serve one year terms, from January to December. They may renew their membership at the end of the year if they wish, and if they are in good standing.

Volunteer Waiver

I, _____, state that I have volunteered my services to the Oxford Public Library and do hereby waive any right of claim now or in the future for any injury to my person or property that may occur directly or indirectly in the performance of such services or any other services related thereto that I am requested to perform. I understand that by signing this waiver, I am assuming all liability for my person and property during the time I am performing volunteer services.

Questions? Contact Beth, the Children’s librarian by email at clibrary@cableone.net or by phone at (256) 831-1750 ext. 4.
Please return your completed application to the Oxford Public Library Circulation or Children’s Desk.



Confidentiality Agreement

Dear Volunteer:

The Oxford Public Library System and appreciates the services you offer as a volunteer. In your role you will have access to data or information on patrons that is classified as “private” under the Code of Alabama.

The purpose of this letter is to remind you that the information you will obtain through your service to Oxford Public Library is private and that you are responsible to treat this information as such. You should not discuss information about a patron with anyone other than your library staff. If you violate this policy you can be terminated from your volunteer position.

Please read and sign the paragraph below.

Again thank you for volunteering. Your efforts are much needed and appreciated.

By signing this I acknowledge that I have read and that I understand the foregoing information provided to me regarding the private nature of a patron’s data. I agree to treat the data as private and I will not disclose it to anyone other than those persons set forth above. I understand this information is given to me in my role as a library volunteer and I will use it only to perform these services for the Oxford Public Library. If I have any questions about the treatment or classification of any data, I will contact my library staff.

Signature _____ Date _____

(Name of Volunteer)

Signature _____ Date _____

(Parent/Guardian, if under 18)

Signature _____ Date _____

(Name of Supervisor)

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