



# Join our TAB Teen Advisory Board At Whitehall Township Public Library

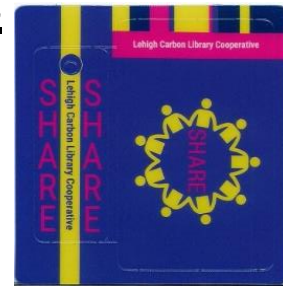


**JUST FOR TEENS** ⇒ **Grades 7 - 12**

**REQUIREMENT:**

**This form completed on both sides &  
A WHITEHALL LIBRARY CARD\***

(\*For new applications, both you & your parent must obtain a card)



**Be part of a team that:  
Promotes youth & teen programs.  
Meet other teens interested in developing  
collective management skills through volunteering!**

Together, we present ideas, make suggestions, plan, organize and implement from beginning to end a variety of special programs and events throughout the year. Members volunteer at these programs with designated duties discussed during meetings. Summer participation is highly encouraged.

Various library duties are available for additional community service hours.

Network contact list among members is provided semi-annually.

A current email address and text messaging capabilities are important to stay informed!

**Meetings are once a month with the exception of  
program preparations and event participation.**

**Meetings scheduled on Saturdays 1:30pm – 3pm.**

**See our homepage website for meeting dates throughout the year.**

**(Some dates & times subject to change)**

**(www.whitehallpl.org)**

**Snacks provided at meetings**

**Contact: Whitehall Township Public Library**

**3700 Mechanicsville Road / 610-432-4339 x209 /**

**Santaliz.L@whitehallpl.org**

**Please fill out requested information on both sides.**

**Include parent's signature authorizing release for permission to photograph.**

**Return to Mrs. Santaliz or any library staff.**

**For the most updated info, provide text phone# & email.**

Please write clearly

Name: \_\_\_\_\_ Gender: M or F

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: home # \_\_\_\_\_ cell # \_\_\_\_\_ Texting? Y or N

School & Grade: \_\_\_\_\_ Graduation year from HS: \_\_\_\_\_

Birthday (mm/dd/yy) \_\_\_\_\_ Today's date: \_\_\_\_\_

Referred by: \_\_\_\_\_ T-Shirt size \_\_\_\_\_



## Permission to Photograph/Videotape (Required)

**I understand the Whitehall Township Public Library may photograph or videotape the events or activities in which my child(ren) is/are participating. I give my permission for the Library to use photographs or videotape of my child(ren) for the purpose of promoting the Whitehall Township Public Library and its services/programs.**

**\*Parent(s), please check your choice in the space provided**

**\*Sign then print your name with date. Thank you.**

\_\_\_\_\_ **Yes - I give my permission for the WTPL to use pictures/videos of my Child(ren) for the purposes stated above.**

Child(ren's) name(s) \_\_\_\_\_

Child(ren's)name(s) \_\_\_\_\_

Child(ren's)name(s) \_\_\_\_\_

\_\_\_\_\_ **No - I do not give my permission to use pictures / videos of my Child(ren's).**

Parent's signature\* \_\_\_\_\_

Parent's name printed\* \_\_\_\_\_

Date \_\_\_\_\_

**Membership information:**

**TAB T-Shirts** are free by earning them. Members must attend any combination of six (6) meetings, programs, events, or additional library duties to earn an official TAB shirt.

**College recommendations:** Members must attend any combination of six (6) meetings, programs, events, or additional library duties prior to requesting a written recommendation from Mrs. Santaliz or Miss Hargrove. (We should have some firsthand knowledge about you for this request.

**Employment references:** Text, email or phone requests can be made to Mrs. Santaliz or Miss Hargrove.