



Teen Advisory Board
Whitehall Township Public Library

Join our TAB Teen Advisory Board At Whitehall Township Public Library



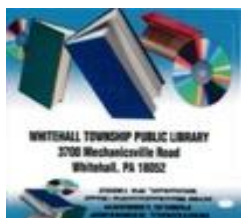
Teen Advisory Board
Whitehall Township Public Library

JUST FOR TEENS → Grades 7 - 12

REQUIREMENT:

**This form completed on both sides &
A WHITEHALL LIBRARY CARD (current and without fines)**

**Be part of a team that:
Promotes youth & teen programs.
Meet other teens interested in developing
Leadership 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 by email 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.

(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 photo.

Return to Mrs. Santaliz or any library staff.

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

Please write clearly

Name: _____

Address: _____

Email: _____

Phone: home # _____ cell # _____ Texting? Y or N

School & Grade: _____ Graduation year from HS: _____

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

Referred By: _____



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 your name, print it and 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).

Parent's signature _____

Parent's name printed _____

Date _____