



Teen Advisory Board Application

Monrovia Public Library
321 S. Myrtle Ave. Monrovia, CA
(626) 256-8274



Membership on the Teen Advisory Board (TAB) is open to any **teen in 6th through 12th grades.**

- Why join?**
- *Help plan, organize and publicize programs for teens
 - *Volunteer to help with programs for little kids up to adults
 - *Tell us services and materials you want at the Library
 - *Your input will help us offer programs and materials of interest to you and your friends!

Meetings will be held on **the first available Monday of every month at 4:00 p.m. in the Library Community Room.** Go to the meetings to find out about volunteer opportunities at the Library.

Please fill out the following information and return it to the Youth Services Reference Desk.

You are a member when you turn in your application. The Library accepts applications all year long.

Name _____

Address _____

Home Phone _____ Cell Phone _____

E-mail _____

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

How would you like to be contacted? (Circle one) Email Text

*Attend your first meeting as a member to receive information on how to join the text group on Remind.com.

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

What are some of your hobbies and interests?

What is your favorite book?

Who is your favorite author?

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

What would you like to see offered for teens at the library?

Please list your extracurricular school activities.

For more information, please contact **Stephanie Aurelio at 626-256-8261 or saurelio@ci.monrovia.ca.us**

Monrovia Public Library Teen Advisory Board Volunteer Contract

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

I, _____,

_____ 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 children with whom I work.

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

_____ Will make efficient use of my time by seeking out ways in which I may help others after completion of my own responsibilities.

_____ Will be enthusiastic about volunteering; and will dress appropriately and maintain a neat appearance.

_____ Will not allow personal problems or conflicts to interfere with my job performance and interaction with children.

_____ WILL HAVE A GREAT EXPERIENCE VOLUNTEERING!

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 may require a commitment of several hours a month, and that I may continue to be a TAB member and volunteer at the Library throughout the school year.

Teen Signature _____ **Date** _____

Your parent or guardian's name (Please print) and phone number:

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 son/daughter is to be responsible for the hours in which he/she signs up to work.

Guardian Signature _____ **Date** _____

CITY OF MONROVIA
WAIVER RELEASE AND INDEMNITY AGREEMENT 2017/2018 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.) 2017/2018** 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