

Teen Advisory Committee

Teens and their parents (if they're under 18) must sign to be part of TAC

The goal of the Stillwater Public Library in providing teens the opportunity to be on the Teen Advisory Committee is to foster a community with teens (grades 6-12) in the area and give them an active voice in improving Young Adult services, programming and materials at the library. The commitment to TAC is similar to any other group or club they might be involved with and there are no costs associated with being a TAC member.

By signing this slip, teens agree to the following:

- Attend monthly meetings during their year-long term. These meetings are currently held on the 2nd Tuesday of every month at 6pm and last between 45 mins - 1 hour (*If teens cannot make it to a meeting, they should contact the teen librarian as soon as they know they will not be able to make it.*)
- Be willing to serve at least a 1 year term on the committee (*The TAC year is September– August.*)
- Participate in planning/implementing at least 10 programs during their year-long term.
- Bring ideas they have to the teen librarian for programming (and ones that their peers share with them)
- Recommend items for purchase for the Young Adult and Graphic Novel sections of the library
- Provide book reviews in various formats
- Promote the library and teen programs, services and materials at school, in the community and on social media (if they have it)
- Follow all library policies and guidelines as applicable

By joining TAC, teens may gain the following:

- Leadership experience
- New friends
- Experience in planning and promotion of events
- Tracked volunteer hours that can be used for resumes, college applications, etc.
- Community connections
- Writing and public speaking experience
- Ability to participate in TAC-only events and programs
- Experience working as a team
- Time management experience
- Fun times with like-minded peers

By signing this form, I agree to the above requirements for a one-year TAC term. If I cannot meet these requirements at any time during my term on the Teen Advisory Committee, I will reach out to the teen librarian immediately to discuss how to proceed with my position on TAC.

Teen Name: _____

Date: _____

Teen Signature: _____

Please flip over for additional information that needs to be filled out.

Emergency Information

Please provide us with your emergency contact information.

If you are under 18, please have your parent/guardian fill this part out.

**Name of
Emergency Contact:** _____ **Relation:** _____

Phone Number(s): _____ **Does the teen listed
have any allergies?** _____

Photo Release

Stillwater Public Library may photograph or video events to promote the library via various media channels. While serving on TAC, teens may also create videos or photos in which they may be visible to promote teen programs and materials. This release allows teens to participate in those activities.

If you are under 18, please have your parent/guardian fill this part out.

- I am over the age of 18 years or the legal guardian of the child listed below.
- I understand the Stillwater Public Library/City of Stillwater, and their partner organizations, may photograph and film events or activities my child and I attend, and authorize the Stillwater Public Library/City of Stillwater and partners to take photos and film of me/my child.
- I give the Stillwater Public Library/City of Stillwater, and their partner organizations, permission to use photos or film of my child or me for the purpose of promoting the City of Stillwater, the Stillwater Public Library and its services/programs.
- I give the Stillwater Public Library/City of Stillwater, and their partner organizations, permission to use and publish the photos or film of me/my child in print or electronic format for any lawful purpose, including in newspaper publications, websites, social media platforms and brochures.

Teen's Full Name: _____

Guardian's Full Name: _____

Teen's / Guardian's Signature: _____ **Date:** _____

Guardian Permission

I have reviewed all information for Teen Advisory Committee requirements on this form. I understand that my teen would like to join TAC and the responsibilities and commitment that this membership includes. I give my permission for _____ to participate in TAC-related activities provided by the Stillwater Public Library and its partners.

Guardian's Full Name: _____

Guardian's Signature: _____ **Date:** _____

Guardian Phone Number: _____ **Guardian Email:** _____