WOLFFORTH LIBRARY
Making the future bright

City of Wolfforth Library
Teen Advisory Board (TAB)
Membership Agreement

Welcome to the City of Wolfforth Library's Teen Advisory Board! As a member of TAB, you play an important role in helping shape library programs, services, and events for teens in our community. This agreement outlines the expectations and responsibilities of TAB members so everyone understands how we can work together to create a positive, respectful, and successful experience.

Expectations:

- Attend regular monthly meetings must be present for 9 out of 12 yearly. Date and time subject to change.
- Participate respectfully in discussions and activities.
- Assist with planning and promoting teen library programs.
- Recommend books and other materials for the teen collection.
- Volunteer at the library when available (at least four times a year).
- Represent the library positively in the community.
- Follow all library policies and maintain respectful behavior.
- Appropriate clothing must be worn during all TAB related activities.

If a TAB member is unable to attend a meeting, or a volunteer shift that they have previously signed up for, a Wolfforth Library staff member must be contacted. A member who misses three consecutive meetings, without communicating, may be asked to relinquish their membership. A member who misses a volunteer shift will oversee finding a replacement shift to fulfil the mandatory four volunteer shifts. If a member fails to show up to two volunteer shifts, without communicating, may be asked to relinquish their membership. A member who fails to participate in the mandatory four volunteer shifts may be asked to relinquish their membership, unless a spoken agreement has been made with library staff.
Volunteer opportunities will be given at each meeting, where members can sign up for an available time. Attendance, service hours, and no-shows will be documented.

Commitment
By signing below, I understand the expectations of the Teen Advisory Board and agree to contribute positively to the program.

Teen Member
Name: _____
Signature: _____
Date: _____

Parent/Guardian
Name: _____
Signature: _____
Date: _____
Phone: _____
Email: _____

Library Representative
Name: _____
Signature: _____
Date: _____

Photo Release
I understand that photographs or recordings may be taken during Teen Advisory Board activities and may be used by the library for promotional purposes.