

# Teen Advisory Board (TAB) Application



The goal of TAB is to provide real leadership experience to students in grades 8-12. One of the main goals of TAB is to promote library services to teens at the Mooresville Public Library. We wish to strengthen MPL's ties to teens in the community by using their knowledge and creativity to create programs, further expand our collection, and give back to the community. If you want to make a difference and offer your voice to the library and the Mooresville community, then fill out the application form below. Meetings are currently held on the second Tuesday of each month at 5:00pm. If you have any additional questions, please contact **Megan Mosher** at:

**704-663-1062 or [mmosher@moorevillenc.gov](mailto:mmosher@moorevillenc.gov)**

## What are guidelines for joining TAB?

- TAB members must be between grades 8-12 or equivalent (whether students attend public or private school or are homeschooled), or a minimum of 13 years old.
- All TAB members must be Mooresville/Iredell County residents
- TAB members must be willing to commit to two meetings a month for a school year.

## TAB members will work as a team under the guidance and supervision of the Teen Librarian to:

- Advise, plan and implement teen programs
- Recommend books, movies, and other materials for the YA collection
- Assist in creating an inviting teen area and atmosphere in the library

## Why should I join TAB/what do I get out of it?

- You will have a say in materials purchased and materials hosted at Mooresville Public Library
- You will have something creative and fun to do
- You have an opportunity to make the library a better place for teens
- Community service looks good on college and job applications
- Free snacks
- The eternal and dying gratitude of the Teen/YA Librarian!

Name: (First, M.I., Last): \_\_\_\_\_

Preferred Name & Pronouns: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please list any skills, special knowledge, or interests you might have that might be beneficial to volunteering as a TAB member.

\_\_\_\_\_  
\_\_\_\_\_

TAB members may be asked to volunteer at the Mooresville Public Library for additional times to assist with different tasks or programs. Are you able to do this? \_\_\_\_\_

**For Parents/Guardians**

Do you give permission for your child/children to be photographed, videoed, Social Media, newspapers etc. during library events? **Yes or No (Circle one)**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_ give permission for me  
child \_\_\_\_\_ to become a Teen Advisory  
Board member at the Mooresville Public Library. I have read and understand all the information above.

Parent/Guardian Signature: \_\_\_\_\_

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

**Emergency Contact Information**

Name of Person to Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone number: \_\_\_\_\_

*Thank you for your application!*