

Tellico Plains Public Library
Teen Advisory Group (TAG)

Purpose/Objectives

- Increase community and library involvement
- Promote literacy
- Encourage teens to express their creativity
- Gain volunteer hours and experience for resumes, college applications, Beta Club, scholarship applications

About

- Meet once a week for about an hour
 - The day and time (3:00 or 3:30 pm) of week will be decided at our first meeting
 - *Some meetings might last longer but will be announced
 - *Some meetings/events will be held on different days but will be announced
- Will learn a phrase or word in sign language or foreign language each week
- Sign-in and sign-out each week
 - To keep track of hours and attendance
- Snacks will be provided
 - Chips, candy, cookies, drinks
 - Occasional pizza, cake, cupcakes

Projects

- Pick book quotes for YA shelves
- Help create displays for YA and Juvenile
- Design a mural for the wall
- Plan, prepare, and volunteer/help host events
 - Must be 16+ to volunteer
- Plan and prepare a weekly makerspace craft
- Help as needed in library

Need to Know Information

- | | |
|---|--|
| <ul style="list-style-type: none">● Teen<ul style="list-style-type: none">○ Printed name○ Signature○ Library card number○ Phone number○ Email○ Age○ Birthday○ Allergies (food, etc.)○ Health concerns we should be aware of | <ul style="list-style-type: none">● Parent/Guardian<ul style="list-style-type: none">○ Printed name○ Signature○ Phone number○ Email○ Library card number○ Name and photo/video permission |
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Permissions (*printed name and signature of parent/guardian)

- Participation
- Volunteer (if age appropriate)
- Name and photo/video (library, website, newspaper, media, social media)

Policies

- Opinions are welcome but must be respectful to others at all times.
- No rude, inappropriate comments towards themselves or others.
- Inappropriate behavior and language will not be tolerated.
- Each participant must have parent permission and forms completed.
- Teens should not take, send, or post photos or videos of themselves or each other during meetings. Only the group advisor or librarians may take the photos/videos and post with written permission by parents or guardians.
- Tellico Plains Public Library's employees are not responsible for transportation to and from meetings/events or for stolen, damaged belongings.

Teen's Information

Teen's Printed Name: _____

Nickname: _____

Library Card Number: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Age: _____ Birthday: _____

Please any allergies (food, etc.): _____

Health concerns: _____

Parent/Guardian Contact Information

Parent/Guardian Printed Name: _____

Library Card Number: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Age: _____ Birthday: _____

Please any allergies (food, etc.): _____

Health concerns: _____

I hereby agree that the above contact and health information is correct and agree to the terms to participate/allow my child to participate in Tellico Plains Public Library's Teen Advisory Group (TAG).

Teen's Printed Name

Date

Teen's Signature

Date

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Date

*If your child is 16 or older and would like to be a volunteer at our library, please request a volunteer application.

Pursuant to its policy of non-discrimination, the Tellico Plains Library does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service in its policies, or in the admission or access to, or treatment or employment in, its programs, services or activities

Permission to Videotape and/or Photograph

I _____ am 18 years old or older.
(Name, please print)

I _____ am the parent or legal guardian of _____
(Name, please print) (Name, age)

I understand the City of _____ may photograph or videotape the events or activities in which I am (or my child is) participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of _____ and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.

Permission is not required to take part in city events.

Signature: _____ Date: _____

Address: _____

City, Zip: _____

Phone: _____