

Youth Advisory Board (YAB) Membership Information

The Mission of the Youth Advisory Board is to represent a positive teen force in the library; encourage teens to become life-long library users; to promote teen reading, teen programs, and teen participation in the library; and to assist the library both in developing and implementing programs which serve local teens and the community.

The Youth Advisory Board also helps to make sure the Library is providing quality resources for both leisure activities and homework assignments for students grades 7th through 12th.

Benefits of YAB Membership:

- Will influence library teen decisions
- Become involved in their community
- Make lots of friends and get to attend Advisory Board only events
- Benefits resumes and college applications
- Get lots of volunteer hours!

YAB Member's Must:

- Be a student in grades 7 through 12
- Have a FHCPL card
- Volunteer 36 hours a year and attend YAB meetings*
- Be able to work well with others in a group setting
- Have an accessible email

* Members can be excused from a meeting by calling or emailing the advisor with the reason for his/her absence.

Applications are reviewed by the Youth Advisory Board Members during a YAB meeting within a few months of the application being received. It is the Board's policy to have no more than 30 members at a time. If membership quotas are met your application will be put on hold until positions become available.

I have read and understand the above:

For Teens: I have read the Youth Advisory Board (YAB) Membership Information. I am aware that being a YAB member requires a commitment of approximately 3 hours a month for meetings and projects. I am aware that my membership can be revoked if I fail to participate or if I do not follow library standards of behavior.

Signature of Teen: _____ **Date:** _____

For Caregiver: I am aware my teen is applying for a position on the Findlay Hancock County Youth Advisory Board and provide my consent for my teen to participate in this program. I am also aware of the requirements my teen is responsible for achieving to keep their position on this board.

Signature of Caregiver: _____ **Date:** _____

Youth Advisory Board (YAB) Application

Board members are selected based on the answers to the following questions and membership quotas.

1. Why do you want to be a member of the library Youth Advisory Board?
2. What skills/interest can you bring to the group?
3. What are your expectations for the group and what do you hope to achieve from being involved in this group?
4. What extracurricular activities are you involved in?
5. When is the best time for you to volunteer?
6. What are 3 good qualities about you?
7. If you could be any animal, what kind of animal would you be and why?
8. What ideas do you have for future teen program or events you would like to see happen at the library?
9. Do you know any current YAB members? If not, how did you hear about us?

Your commitment to the Youth Advisory Board will require, on average, 3 volunteer hours each month. Are you willing to make that commitment? __Yes__ No

Name: _____

Address: _____

School: _____ **Grade:** _____ **Birthday:** _____

E-mail address: _____ **Phone Number:** _____

Caregivers' names _____

Caregivers' e-mail addresses _____

Caregivers' phone numbers _____