

Teen Library Council (TLC)

2019 Application

Please return application to the Circulation Desk at the Shelby County Public Library or email to youthservices@scplibrary.net. Staff will contact you in 1-2 weeks.

About the Teen Library Council (TLC):

- Who can join the TLC?
 - Any students in grades 6-12 who regularly use their community library
- Why join the TLC?
 - Help make decisions that affect teens in the library and the community
 - Help plan library programs, events, displays, service projects, and more
 - Earn community service hours
 - Gain volunteer and leadership experience and job skills to add to your resume
 - Make new friends, talk about books, and have fun!
- What is expected of TLC members?
 - Regularly attend monthly meetings and notify the teen contact if a meeting will be missed
 - Be an active participant in the group, be willing to share ideas, and interact in meetings
 - Act as a library ambassador and all-around role model of good teen behavior
 - Volunteer at as many teen library programs as you can – at least two per year

How to Apply:

- Fill out this form completely and return to the circulation desk at the Shelby County Public Library or email youthservices@scplibrary.net

PLEASE PRINT NEATLY

Full Name _____ Preferred Name _____

Library Card Number _____ Date of Birth _____/_____/_____

Current Age _____ Grade _____ School _____

Favorite Class _____ Email _____@_____

Do you use Facebook? Y / N

Home Phone _____ Cell Phone _____



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Preferred method of contact (circle one or more): Email/Cell Phone/Home Phone/Text

How often do you use your community library? (Circle all that apply.)

Every day / Once per week / Every other week / Once per month / Once per year /
During the summer / When I have a homework assignment / When I have a group project /
I access the library from home

PARENT/ GUARDIAN INFORMATION:

Parent or Guardian Name _____ Relationship _____
Home Phone _____ Cell Phone _____
Email _____ @ _____

Parent/Guardian Statement: I am aware my teen, _____, is applying for membership on Library's Teen Library Council (TLC). I have read and understand the expectations of TLC members and support my teen in participating in this activity.

Parent/Guardian Signature: _____ Date: _____

Teen Applicant Statement: I have read and understand the TLC requirements and expectations, and I am willing to be an active member. I understand that I may be removed from the TLC in the event I fail to meet TLC expectations.

Teen Applicant Signature: _____ Date: _____



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6. What library programs have you attended in the past?

7. What programs would you like to see at the library?

8. What issues do you think teens in your community face? List ideas you may have for helping teens in your community.

9. What other volunteer experience do you have?