

Teen Advisory Board Application

The Willmar Public Library Teen Advisory Board (TAB) is a service group that makes our library a better place for teens to visit and find what they need. The board is open to teens ages 13-19 with library cards who live in Willmar. Members volunteer to plan, promote, and implement programs and events for teens. They also make suggestions on which materials the library purchases for the teen collection.

First Name	Middle Name	Last Name	
Address	City	State	Zip
Home Phone ()	Cell Phone ()		
Email	Birthdate	/	/
Library Barcode Number			

TAB Meetings take place every first Friday of the month at 3:30. Please make sure you are able to attend these meetings.

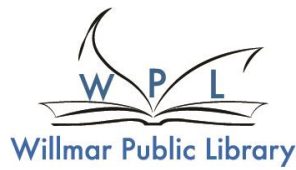
Why do you want to be a part of the Teen Advisory Board?

What is your favorite book/series? Why do you like it?

Give two examples of programs you would like to see at the library.

Describe any previous library or volunteer experience you have had.

Questions? Contact Sam, the Teen Services Librarian, by email at samantha.plessel@pioneerland.lib.mn.us or by phone at 320-235-3162 ext.16.
Please return completed forms to the Willmar Public Library Circulation or Reference Desk.



By signing this form, you agree to the following rules if you are selected for membership:

- Members must attend monthly Teen Advisory Board meetings. If a member will be absent, he/she should contact the Teen Librarian. More than two unexcused absences may result in the revocation of membership.
- Members must attend and help with the set up and cleanup of at least one teen program per month in addition to the Teen Advisory Board meeting.
- Members agree to be respectful and courteous of other Teen Advisory Board members, the Teen Librarian, library staff, and library users. Members will demonstrate respect for others by listening attentively when someone else is speaking, asking questions when clarification is needed, and by refraining from negative comments when responding to other people's ideas.
- Members will show respect for library materials and property by leaving meeting spaces neat and orderly.
- During all meetings, activities, and library functions, members will act in a way that reflects positively on the Willmar Public Library.
- Members must be willing to participate in all teen programs, Teen Advisory Board meetings, and to talk to their peers about the teen events at the library. It is understood that schedules, school, jobs, family, etc. will not allow for participation in all events, but the willingness to attend is key.

Volunteer Waiver

I, _____, state that I have volunteered my services to the Willmar Public Library and do hereby waive any right of claim now or in the future for any injury to my person or property that may occur directly or indirectly in the performance of such services or any other services related thereto that I am requested to perform. I understand that by signing this waiver, I am assuming all liability for my person and property during the time I am performing volunteer services.

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Willmar Public Library

Confidentiality Agreement

Dear Volunteer:

The Pioneerland Library System welcomes and appreciates the services you offer as a volunteer. In your role you will have access to data or information on patrons that is classified as “private” under the Minnesota Data Practices Act.

The purpose of this letter is to remind you that the information you will obtain through your service to Pioneerland Libraries or headquarters is private and that you are responsible to treat this information as such. You should not discuss information about a patron with anyone other than your supervisor, head librarian, or administration. Violation of patron’s data privacy rights can subject the regional library to liability and, if the release of information is intentional, constitutes a misdemeanor. If you violate this policy you can be terminated from your volunteer position.

Please read and sign the paragraph below.

Again thank you for volunteering. Your efforts are much needed and appreciated.

By signing this I acknowledge that I have read and that I understand the foregoing information provided to me regarding the private nature of a patron’s data. I agree to treat the data as private and I will not disclose it to anyone other than those persons set forth above. I understand this information is given to me in my role as a library volunteer and I will use it only to perform these services for the Pioneerland Library System. If I have any questions about the treatment or classification of any data, I will contact my supervisor.

Signature _____ Date _____
(Name of Volunteer)

Signature _____ Date _____
(Parent/Guardian, if under 18)

Signature _____ Date _____
(Name of Supervisor)

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