** East Hampton Public Library**

**Teen Advisory Board (TAB)**

**Member Agreement**

**Teen Advisory Board Purpose:** TAB members help suggest, plan, promote, and present library programs. TAB meets once a month in the evening to discuss issues that relate to teens and the library.

Members will earn community service credit for being active participants in the group and for attending TAB meetings and volunteering at library events. TAB is open to all interested teens in grades 8-12. TAB members are expected to make a regular commitment to TAB and adhere to the following guidelines to maintain their membership. TAB members who do not adhere to these guidelines will have their membership terminated and their spot in TAB will be given up to another student.

**Meetings and Applications:** TAB meets once a month, September-June of each school year. TAB members cannot have more than two unexcused absences from a monthly meeting per semester.

• Semester is defined as September-December and January-June.

• If a TAB member cannot make a meeting, it is their responsibility to inform the TAB leader prior to the meeting.

• Unexcused is defined as not alerting the TAB leader of an absence prior to a meeting. TAB members must have a valid TAB application on file. TAB members must be present at a TAB meeting to submit an application. Volunteer Service TAB members must participate in one volunteer opportunity (Library Event) outside of TAB meetings per semester.

• The TAB leader will inform TAB members of upcoming service opportunities at each meeting. TAB members who sign up for a volunteer opportunity are making a commitment, and the library is relying on them to honor that commitment.

• TAB members need to arrive on time, ready to work.

• TAB members should only be present at volunteer opportunities they have signed up for with the TAB leader. If a TAB member is not sure if they have signed up for a volunteer opportunity, they should contact the TAB leader prior to the event. TAB members cannot have more than one unexcused absence per year for volunteer opportunities for which they have committed**.**

**Communication:** TAB leaders will communicate with TAB members through email. It is the TAB members’ responsibility to:

• Have a valid email address

• Check email regularly

• Correspond with their TAB leader via email

• Inform their TAB leader in a timely manner if they are not receiving emails

**Agreement:**

I hereby agree to the above guidelines.

I understand that if I do not adhere to the guidelines, my membership in TAB will be terminated.

TAB Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAB Member Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_