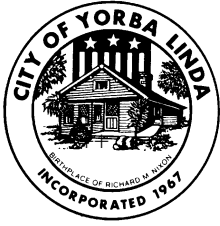


CITY OF YORBA LINDA

18181 IMPERIAL HIGHWAY

CALIFORNIA 92886



YORBA LINDA PUBLIC LIBRARY

2019-2020 TEEN ADVISORY BOARD APPLICATION

May 11, 2019

Dear Teen:

The Yorba Linda Public Library invites Yorba Linda teens, ages 13-18 to apply for the Teen Advisory Board (TAB) volunteering opportunity.

Purpose: To help the Yorba Linda Public Library meet the needs and interests of the teen population in the community.

Under close supervision, volunteers in the Teen Advisory Board will offer suggestions and provide input about teen reading interests, recreational activities, programming, and space planning. This will make the library more “teen-friendly.”

There are many benefits to being a part of the Teen Advisory Board, including: meeting and interacting with other teens, developing leadership and teamwork skills, feeling a sense of accomplishment by serving the community, and obtaining recognition to use on high school and college applications. In addition, volunteer hours may be applied towards the high school community service requirement. This is a volunteer position; Teen Advisory Board members will not receive a stipend or any monetary compensation.

Board members are expected to attend monthly meetings as well as half the monthly teen events (usually 4-6 monthly teen events); these events include the Exposed Contest, Teen Film Festival, and Teen Summer Reading Program; these events are usually held Tuesday evenings and various Friday and Saturdays throughout the year. This one-year commitment begins September 2019 and runs through August 2020.

Completed applications are due Saturday, June 8, 2019, before 4:59 P.M. at the Adult Information Desk. Postmarks will not be accepted. No exceptions. Selected applicants will be called for an interview. Interviews will be conducted the week of June 24. For more information, please call the Yorba Linda Public Library at (714) 777-2873, ext. 6.

Sincerely,

A handwritten signature in cursive script that reads 'Briana Ochoa'.

Briana Ochoa
Teen Librarian

**YORBA LINDA PUBLIC LIBRARY
TEEN ADVISORY BOARD INFORMATION**

Position

Teen Advisory Board (TAB) Member

Description

The advisory team will help the Yorba Linda Public Library meet the needs and interests of the teen population in the community. The TAB offers suggestions and provides input about teen reading interests, recreational activities, programming, and space planning. Teen events at the Yorba Linda Public Library are offered on a monthly basis. Special events for teens are also offered on an annual basis. One of the main functions of the TAB is to help create, execute and promote these events at their school. TAB members devote numerous personal hours to make teen events possible at the Yorba Linda Public Library.

Duties

1. Participate and assist in planning and implementing weekly and annual library teen events and services (e.g., Book Discussions, Escape Rooms, Exposed Art Contest, Teen Film Festival, Teen Summer Reading Program, etc.).
2. Offer advice and assist in marketing teen events and services to teens in the community.
3. Suggest teen materials for purchase including books, audiobooks, e-books, music and video games.
4. Review Teen Pages web pages/library social media and suggest improvements.
5. Other duties as assigned.

Qualifications

1. Yorba Linda resident.
2. Ages 13-18.
3. Have previous leadership experience.
4. Have current email address that is checked **at least** twice a week.
5. Basic knowledge of locating information on the Web.
6. Enthusiastic about providing ideas for teen programming/services.
7. Willingness to participate on a creative team.

****The deadline to turn in TAB Application is Saturday, June 8, 2019 before 4:59 p.m. Postmarks will not be accepted. No exceptions.***

Commitment

1. One year – September 2019 to August 2020
2. Attend, participate, and assist in the supervision of teen events on Tuesday or Friday evenings from 5 PM to 8:00 PM at least **2-6 times a month**.
3. Participate in monthly meetings.
4. Contribute **8 hours per month** to plan teen services, make recommendations, and assist with general library programs.
5. Respond promptly to TAB email/phone communication.
6. Assist with the Teen Summer Reading Programs.

VOLUNTEER APPLICATION
YORBA LINDA PUBLIC LIBRARY TEEN ADVISORY BOARD

PLEASE PRINT OR TYPE

Name _____ Phone _____

Street Address _____ Apt. _____

City _____ Zip Code _____

School _____ Grade (in Fall) _____ Age _____

Email address _____

Please list any extracurricular activities that you are in. Will these activities conflict with your commitment to volunteering?

Describe a leadership role that you held. What made the role challenging? What did you like and dislike about serving in a leadership role?

What are your current and past volunteer experiences? What have you enjoyed most about your previous volunteer experience?

What kinds of books do you like to read? Are there books we don't have that you feel we should add to our collection?

Have you attended any teen events at the library? (Please circle) YES NO
If yes, what events have you attended?

Can you suggest any changes or additions to improve the library's services to teens?

How did you hear about this opportunity?

Why would you like to be a part of the Teen Advisory Board?

Certificate of Applicant:

All answers and statements in this application are true and complete to the best of my knowledge. I understand any untruthful or misleading answers are cause for rejection of my application or of my disqualification from the Teen Advisory Board.

Signature _____ Date _____

As the Legal Guardian of the participant on the Yorba Linda Public Library's Teen Advisory Board, I also adhere to this policy. I hereby agree to indemnify and hold harmless the City of Yorba Linda and its officers, agents, or any third parties injured by the participant or any injury in any way arising out of the participant's activities in this program.

Signature of Parent/Legal Guardian _____ Date _____

**TEEN ADVISORY BOARD
MEDICAL FORM**

Participant Name _____ Home Phone _____
Address _____ City _____
Zip _____ Grade(in Fall) _____ Age _____ School _____

Please note any medical conditions or allergies we should be aware of for your son/daughter's safety: _____

Emergency Contact Information

Parent's Name _____ Work Phone _____
Other Contact's Name _____ Phone _____

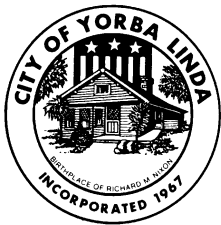
Parent's Signature _____ Date _____

**PHOTO/VIDEO RELEASE FORM
Yorba Linda Public Library**

PHOTO/VIDEO RELEASE- THE CITY OF YORBA LINDA may take, use and publish photos, videos, and/or audio recordings of participants for publicity purposes. I hereby grant the City permission to use my, or my child's, likeness, name, voice and words in any broadcast, telecast, print or digital/social media account free of charge. IF THE PARTICIPANT IS A MINOR I hereby warrant that I am the custodial parent/legal guardian of the undersigned child, who is a minor. I CERTIFY THAT I HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE ON BEHALF OF MY HEIRS, SUCCESSORS, AND ASSIGNS AS IT APPLIES TO MYSELF AND TO ANY MINORS FOR WHOM I AM SIGNING.

I, CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AND SIGN IT VOLUNTARILY.

Name *(please print)* / **Child's Name** *(if signing for minor)* / **Signature** *(Adult participant or parent/legal guardian signature)*



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CALIFORNIA 92886

YORBA LINDA PUBLIC LIBRARY

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I (We), the undersigned, parents of _____,
do hereby authorize the Yorba Linda Public Library of the City of Yorba Linda as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his judgment may deem advisable.

By signing this authorization I/we agree to indemnify and hold harmless the City of Yorba Linda and all of its officers, employees, agents and volunteers from any and all liabilities for injury to persons and/or damage to property arising out of any act or omission in connection with this authorization for consent.

This authorization is given pursuant to the provisions of Section 6910 of the California Family Code.

This authorization shall remain effective for one year until August 2020, unless sooner revoked in writing to the City of Yorba Linda.

Dated

Father

Mother

Legal Guardian