Memorial Hall Library Teen Advisory Board Application Fall 2023

Teen Advisory Board (TAB) is a new group at the library. TAB is a group of motivated teens (grades 6-12) who want to help plan and put on programs and activities at the library, provide feedback to the teen librarians, share their ideas and talk about favorite books with other teens.

TAB will meet on alternate Wednesday evenings from 7:00 to 8:00 pm in the MHL teen room. Dates for fall 2023 will be: 10/11, 10/25, 11/8, 11/29, and 12/13.

TAB is open by application only. We will email you to let you know your application has been approved, so please be sure to give us an email address that you check semi-regularly. We understand that sometimes things come up and you may need to miss an occasional meeting, but please only apply if you can commit to attending a majority of TAB meetings. Applications will be accepted on a rolling basis, but the first meeting you will be able to attend will be a week after your application is approved. (For example, to attend the first meeting on October 11th, you must apply by October 3rd.)

Time at TAB meetings and preparing for other TAB-sponsored events will be considered volunteer hours and the teen librarians will sign any required documentation for other organizations (for example National Honor Society) that require volunteer hours.

If you have any questions or concerns, you can contact Renata at va@mhl.org, drop by the teen room, or call 978-623-8433. You may return this application at MHL (at the teen or reference desk) or scan a signed copy and email it to va@mhl.org.
Memorial Hall Library Teen Volunteer Application Page 1: Contact Information

First Name: _____________________ Last Name: _____________________

Street Address: _________________________________________________

City (Andover residence not required), State: _________________________________

Phone Number: _____________________ Email (Non-APS): _____________________

Birthdate: _____________________ Grade: _____________________

Pronouns (optional): _________________________________________________

School: __________________________________________________________________

Parent/Caregiver Full Name: _________________________________________________

Parent/Caregiver Phone Number: _________________________________________________

Parent/Caregiver Email: _________________________________________________

Student Signature: _________________________________________________

Parent/Caregiver Signature: _________________________________________________

Date: _________________________________________________

Please return both pages of your completed application to the MHL teen room, or scan and email to ya@mhl.org. Thanks for your interest in TAB! Please only apply if you know you can attend a majority of meetings at 7pm on: 10/11, 10/25, 11/8, 11/29, and 12/13.
1. Please list school and community activities in which you regularly participate:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. Have you done other volunteer work? Where / for whom?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

3. Why would you like to join TAB?
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____________________________________________________________________________

4. What are your special skills and interests?
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____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

5. What’s your favorite book?
____________________________________________________________________________
____________________________________________________________________________