

TEEN ADVISORY GROUP L.E.A.D.S. APPLICATION 2019-2020

Teen Advisory Group L.E.A.D.s offers a unique volunteer leadership experience for teens who wish to acquire leadership, communication, teamwork, and other skills through the Rancho Cucamonga Public Library. Teen Advisory Group L.E.A.D.s will exemplify Leadership, Empowerment, Advisory, and Drive. All successful applicants will be invited to an interview for the L.E.A.D.s position. All Teen Advisory Group L.E.A.D.s will receive upon completion of their term a letter of recommendation for the Rancho Cucamonga Public Library reflecting their service and responsibilities.

Name: _____

Address: _____

Phone: _____ E-mail: _____

School: _____ Grade: ___ Age: ___

Best way to reach you? ___Text msg___ Phone ___ E-mail

How long have you been in Teen Advisory Group _____

How many meetings have you attended: 0-2 3-5 6-8 9-11 ALL

**The Teen Advisory Group meets from 6:30-7:30 p.m. on the 3rd Thursday of each month.
The Teen Advisory Group L.E.A.D.s will meet from 6:00 – 6:30 p.m. on the 3rd Thursday of each month.**

1. Can you commit to these meetings once a month for at least 9 months in the year? ___ YES ___ NO
2. Can you commit to attend the T.A.G. created program in January ___ YES ___ NO
3. Can you commit to attend and present at least two Library Board of Trustees meetings (they take place at City Hall on the first Thursday of the month) to report on T.A.G. activities ___ YES ___ NO
4. Why do you want to be a T.A.G. L.E.A.D. with the Library?

5. What projects or causes would you like to see T.A.G. support?

6. Please list some of your other activities and interests.

7. What changes would you make to the Rancho Cucamonga Public Library to better serve teens?

8. What other school, community or job commitments do you have? Please include days and times.

Rancho Cucamonga Public Library Teen Advisory Group Member Contract Please initial next to each requirement indicating that you have read and agreed to our policies. I,

_____ Will be punctual for all programs and meetings and will give notice to the Library as soon as possible if I am unable to perform my duties.

_____ Will show respect to everyone with whom I work and collaborate.

_____ Will complete assigned tasks to the best of my ability and communicate any issues in an appropriate time.

_____ Will make efficient use of my time by seeking out ways in which I may help others after completion of my own responsibilities.

_____ Will be enthusiastic about volunteering and conduct myself in a professional manner. Failure to comply with this contract will result in removal from the Teen Advisory Group.

For Teens: I certify that all statements in this application are true and complete to the best of my knowledge. I understand that any false statements will subject me to disqualification or dismissal. I have read and initialed each item in the T.A.G. L.E.A.D.s contract and agree to adhere to these policies. I am aware that being a member of the Teen Advisory Group L.E.A.D.s requires a commitment of a minimum of 90 minutes per month, though may often be more, and that I may continue to be a T.A.G. member at the Library throughout the school year.

Signature: _____ Date: _____

For Parent/Guardian: As the legal guardian of the participant of the Rancho Cucamonga Public Library Teen Advisory Group, I also adhere to these policies. I understand that my teen is expected to attend all meetings and is responsible for any additional hours for which they agree to work. As their guardian, I agree to ensure that they are able to get to the Library when needed.

Signature: _____ Date: _____

Please return this application to the Information Desk at the Paul A. Biane Library or Archibald Library.