

T.A.B. Member Name (Last Name): _____ **(First Name):** _____

Parent Permission

I hereby allow and grant permission for _____ to join the Whittier Public Library as a Teen Advisory Board (TAB) member. I have discussed the application with _____. I have read and understand the expectations of Teen Advisory Board (TAB) members.

I understand that the Teen Advisory Board requires a three-month commitment where members will attend (3) three TAB meetings held for (1) one hour every month, as well as (3) non-consecutive Teen library programs. I understand that Teen Advisory Board (TAB) members are expected to maintain appropriate conduct, and inappropriate behavior may result in termination of the Teen Advisory Board (TAB) contract.

I have carefully read the above release. I understand its contents and sign it as my own free act.

Parent Signature: _____ **Date:** _____

Emergency Contact

Name of Emergency Contact (Last, First): _____

Relationship to T.A.B. Member: _____

Phone # _____ **Alternative Phone #** _____