

# **East Orange Public Library Teen Advisory Group**

## **Information, Policies, and Requirements**

**Object Statement:** The Teen Advisory Group (TAG) exists to give young adults the opportunity for their voices to be heard. They will provide suggestions and feedback regarding YA activities, YA collection development, and other library issues pertinent to young adults. They may also organize activities and fundraisers, and undertake volunteer projects.

### **TAG Policies:**

- The TAG is open to East Orange Public Library cardholders in grades 8-12.
- Members' cards must be in good standing (Unexpired, with no fines or fees over \$1.00)
- The TAG will meet once each month.
- The TAG cannot exceed 30 members.
- Prospective members must turn in a complete TAG Application, Parental Permission and Release of Liability Form, and Model Release Form.
- Membership in the TAG will not be restricted by race, ethnicity, sex, gender, religion, sexual orientation, size, or economic status.
- **Members must be reachable by phone or email.**

### **TAG Bylaws:**

- Everyone is equal.
- A quorum must be present for votes to be held. The quorum will be determined based on the total number of board members.
- A simple majority passes a vote.
- If a member abstains from voting, that member is agreeing to go along with what the majority decides.
- It is the responsibility of every member of the TAG to behave ethically during the meetings.
- Members who have been given the floor should be treated with respect and not interrupted.
- All TAG members will respect the rights and privacy of others.
- TAG members will not use library space or materials inappropriately.
- TAG members will turn all electronic devices off during meetings.
- Motions may be debated until a consensus is reached, until a 2/3rds majority vote ends debate, or until the designated end time of the meeting.
- Once a motion is voted on, it cannot be brought up for vote again in the same meeting.

### **Requirements of TAG members:**

- Attend at least six meetings a year.
- Help at or run at 3 three events a year.
- Raise awareness of library services and activities among their peers.

### **Benefits of being a TAG member:**

- Direct input in library services and activities.
- Ability to accrue volunteer hours for service groups and scholarship or school applications.
- Ability to use library staff as references for job, scholarship, or school applications.

# East Orange Public Library Teen Advisory Group

## Application for Membership

Name: \_\_\_\_\_ Grade/School: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Library Card Number: \_\_\_\_\_

Would you prefer to be contacted by email or phone?     Email                       Phone

How often do you use the library?

- Several times a week
- A few times a month
- A few times a year
- Never

*\*Checking 'Never' will **NOT** exclude you from TAG membership. If you never use the library, we would value your input on how the library could become more relevant and useful to you and your peers.*

Have you attended any library events recently?

- Yes
- No

*\*Checking 'No' will **NOT** exclude you from TAG membership.*

Why do you want to be a member of the Teen Advisory Group?

*I hereby agree to the Policies, Bylaws, and Requirements of the Teen Advisory Group, and I acknowledge that I understand and meet all qualifications necessary for membership.*

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

# Parental Permission and Release of Liability Form

## East Orange Public Library Teen Advisory Group

*This form must be completed and signed for the student to join the Teen Advisory Group.*

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Name of Emergency Contact:** \_\_\_\_\_

**Phone Number of Emergency Contact:** \_\_\_\_\_

*I do hereby give permission for the above student to participate in the Teen Advisory Group and all associated activities and volunteer work. I understand the nature of these activities and the associated risks of injury or loss of property. By signing this form, I release the East Orange Public Library and its employees from any claims made by the student or on behalf of the student should injury or loss of property occur as a result of his/her participation.*

*I acknowledge that I have read this Permission and Release form and that I understand its contents and the consequences of signing. I also affirm that this form has been filled out fully and correctly.*

**Parent/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

East Orange Public Library  
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