

• PLAN EVENTS & PROGRAMS
JUST FOR TEENS
AT YOUR PUBLIC LIBRARY

• EARN VOLUNTEER HOURS

• GAIN LEADERSHIP SKILLS

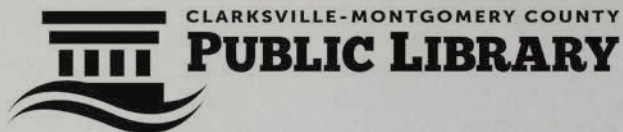
JOIN THE

TEEN ADVISORY BOARD!


*Applications Due:
MAY 12, 2025



APPLY ONLINE



CLARKSVILLE-MONTGOMERY COUNTY
PUBLIC LIBRARY

350 Pageant Lane | Suite 501 | Clarksville, TN
(931) 648-8826 |  CMCPublicLibrary



JOIN THE TEEN ADVISORY BOARD!

* **Applications Due:**
May 12, 2025!

Application Checklist

- The form below is filled out & signed
- A letter of recommendation is attached
- A statement explaining what I can contribute to TAB is attached
- This form, statement & recommendation letter have been emailed to bonnie@clarksville.org by May 12, 2025

WHAT ARE THE BENEFITS OF BEING A TAB MEMBER?

- You will take an active leadership role in planning programs and events for teens at the Clarksville - Montgomery County Public Library - we need your input!
- You will earn volunteer hours for attending TAB meetings and assisting with programs.
- You will be a stronger college, scholarship, and job applicant.
- You will build relationships with a diverse group of students from Montgomery County.

HOW DO I JOIN TAB?

- Be a student in grades 9-12.
- Have parental permission.
- Attach a recommendation letter from a teacher or community member.
- Attach a written or typed statement telling us what you hope to contribute to TAB.

WHAT ARE THE EXPECTATIONS OF A TAB MEMBER?

- Attend TAB meetings and contact Bonnie if you are unable to attend.
- Meetings are held from 2:00 PM to 3:00 PM on the first Saturday of each month, from August to May. TAB members meet in the Loft, the Teen/Young Adult space on the second floor of the public library.
- Help with and attend at least 1 monthly teen program for one school year.
- Volunteer at the library for a minimum of two hours per semester/four hours per year.

Send this form, statement and recommendation letter to bonnie@clarksville.org by May 12, 2025

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SCHOOL & GRADE: _____

If I am selected, I pledge to meet the expectations of a TAB member.

Teen's Signature: _____ DATE: _____

As the Parent/Guardian of this teen I support his/her application to be a TAB member.

Parent/Guardian Signature: _____ DATE: _____

For more information, please contact Bonnie Lee at bonnie@clarksville.org or 931-648-8826