

Gilroy Library Teen Advisory Board Application (2025 – 2026 Term)

The **Teen Advisory Board** (TAB) for the Gilroy Library will meet with the Teen Services Librarian every month to provide ideas and input about library programs and services for teens. TAB members work on special projects throughout the year with guidance from the Teen Services Librarian. TAB members serve for one school-year term and may reapply each year.

Time spent in meetings and on projects may be claimed as community service hours for school. Serving on the TAB is also a great chance to develop project management and leadership skills, and the experience can be included on a resume or applications for colleges, jobs, and scholarships.

Before applying, please review the information below.

Requirements:

1. Members **MUST** live in Gilroy or San Martin, and/or attend school with GUSD.
2. Members **MUST** maintain a GPA of at least 2.0 while serving on the TAB.
3. Members **MUST** be at least 14 years old and no older than 18.
4. Members **MUST** be in high school (grades 9–12).
5. Members **MUST** attend a minimum of 8 out of 9 official monthly TAB meetings per term year.

Meetings will be held on the **second Wednesday of every month at 5:00PM**, beginning on **Wednesday, September 10th**. Most meetings will last approximately one hour.

Applications must be received before **5:00PM on Sunday, August 31st** to be considered for the 2025–26 term. Applicants may be invited to interview or asked to provide additional information or documents. Applicants will be notified of their acceptance by **Wednesday, September 3rd**.

Applicant Information

First Name: _____ **Last Name:** _____

Address: _____ **City:** _____ **Zip Code:** _____

School: _____ **Grade:** _____ **Age:** _____

Phone: _____ **Email:** _____

Emergency Contact Information

First Name: _____ **Last Name:** _____

Relationship to Volunteer: _____

Phone: _____ **Email:** _____

Attach additional pages if necessary. Keep responses concise but thorough.

Please list your current extracurricular activities (sports, clubs, jobs, volunteer work, and any other time commitments outside of school).

Why are you interested in becoming a member of the Gilroy Library TAB?

Tell us what makes you an excellent TAB candidate. What skills/knowledge can you bring to the group?

Tell us your ideas about what the Gilroy Library could do for teens in the community.

-
- ☐ *I have read, and agree to follow, all requirements for the Gilroy Library Teen Advisory Board.*
 - ☐ *The contact information provided on this application is my own, and it is accurate and up-to-date. (Please only include parent/guardian contact information in the Emergency Contact section.)*
 - ☐ *I agree to receive emails regarding the Gilroy Library TAB, including meeting reminders and other information, as well as emails about programs for teens at the Gilroy Library.*
 - ☐ *I will respect the privacy of my fellow TAB members. I will not use their contact information for purposes not related to TAB, nor share it with anyone outside of TAB, without express permission.*
 - ☐ *I have an active library card with the Santa Clara County Library District (SCCLD).*
 - ☐ *I attend school with Gilroy Unified School District and/or I live in Gilroy or San Martin.*
 - ☐ *My parent/guardian and I will sign and submit the attached waiver prior to our first meeting.*
 - ☐ *I can provide proof of my current GPA of 2.0 or higher upon request.*
 - ☐ *I understand that if selected to serve on the TAB, I am committed for the entire 2025–26 term. I will consistently attend meetings and take active part in TAB projects.*

Signature: _____

Date: _____

VOLUNTEER APPLICATION

Volunteer Agreement:

I agree to abide by and comply with the behavior policies, safety, and health rules and regulations of Santa Clara County Library District, including but not limited to its policy against discrimination and harassment. Additionally, I agree to conduct myself in a professional manner, consistent with the same standards as that established for library employees.

I understand that in my capacity as a Santa Clara County Library District volunteer I may access confidential patron information, such as names, addresses, and phone numbers. I agree to protect this information to the best of my abilities and not to divulge it during or after my volunteer service has ended.

I understand that I am a volunteer, not an employee, agent or contractor of Santa Clara County and/or the Santa Clara County Library District. I am not covered by Workers' Compensation, and I am responsible for any expenses incurred as a result of any illness or injury I sustain from volunteering.

Santa Clara County and/or Santa Clara County Library District, its employees, volunteers, JPA representatives, and the County Board of Supervisors shall not be liable for any death, injury or property damage claims arising from any and all claims or causes of action that may arise out of the performance of my assigned volunteer duties. If any claim arises out of the foregoing, I shall indemnify and hold harmless the County of Santa Clara, the Santa Clara County Library District, its employees, volunteers, JPA representatives, and the County Board of Supervisors.

If over the age of 18, I understand that Santa Clara County Library District will conduct a background check. I hereby authorize the Santa Clara County Library District to perform this background check and investigate any public records relating to my criminal history or lack thereof.

Submitting a volunteer application does not guarantee placement or engagement as a Library volunteer. Once accepted as a volunteer, an assignment can end at any time at the discretion of the volunteer coordinator or local Community Librarian.

I hereby submit my application to be a part of the fantastic group of volunteers that support the Santa Clara County Library District. I understand that I will need to attend a mandatory orientation before volunteering, and that I may need to meet a minimum commitment of hours in order to continue volunteering. I certify that all statements on this application are true and complete.

Signature	Date
-----------	------

Parent/Legal Guardian signature is required for volunteers between the ages of 14 to 17 years old and for dependent adults.

Parent/Legal Guardian Name (Print)	Date
Signature	Date

FOR LIBRARY STAFF USE ONLY

Date Received	Interview Date
Contacted By	Orientation
Background Check Required: <input type="checkbox"/> Y <input type="checkbox"/> N	Background Check Completed: <input type="checkbox"/>