



## **TLC (Teen Library Council)**

### **WHAT IS TLC?**

TLC (Teen Library Council) offers teens that are 13 -18 years of age (teens in 7th-12th grades) the opportunity to make a positive difference in our community and have input in the way the library serves teens.

### **WHAT WILL YOU DO?**

- Plan, promote, and help out with teen & children's library programs
- Promote the library to your peers
- Participate in TLC meetings once a month (**1st Tuesday** of each month 4:30-5:15)
- Work as a team & gain leadership experience

### **WHAT'S IN IT FOR YOU?**

You'll gain volunteer credit hours, skills and experience that will look great on college and job applications, and you'll make new friends!

### **The Fine Print**

Applications are accepted throughout the school year.

Council meets on the First Tuesday at 4:30

Regular meeting attendance & participation in library events are required.

Please only apply if you can commit to meetings and other events, approximately 2-3 hours per month.

Supervisor will teach you how to shelve books if applicable.

# 2024-2025 Application for TLC

## Teen Library Council

### at Athens-Limestone County Public Library

Please return to Youth Services Desk

For Teens who are 13 to 18 years of age or teens in 7th-12th grades

Name \_\_\_\_\_

Age: \_\_\_\_\_ Birthday (mm/dd/yy): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Best Contact Number: \_\_\_\_\_

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

What are you most interested in at Athens-Limestone County Public Library?  
(Check all that apply)

Event Planning       Leadership       Craft Preparation

Shelving books       Organizing/Cleaning Library

List any volunteer experience you have had in the past: \_\_\_\_\_

Why would you like to join TLC?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Emergency Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Are there any medical conditions or other information that your supervisor should know about?

\_\_\_\_\_  
\_\_\_\_\_

Teen Agreement:

I understand that I am committing to attend one monthly meeting of TLC. I also am committing my time to help with one program per month or shelving books, lasting no more than two hours. I understand that my time will be unpaid. I will receive volunteer credit hours. I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify the Library as soon as possible. If I decide to stop volunteering, I will notify the Youth Services Coordinator.

\_\_\_\_\_  
Teen's Signature

\_\_\_\_\_  
Date

Parent/Guardian Agreement:

By my signature below, I verify that I am a parent or guardian of the applicant/participant and I hereby consent to his/her participation in the Teen Library Council volunteer program at Athens-Limestone County Public Library. I also agree to indemnify, hold harmless, and release Athens-Limestone County Public Library, it's officials, and employees from any liability for property damage and /or personal injury to me or my child/ward resulting from his / her participation in the volunteer program.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Phone Number