

Teen Tech Zone Advisory Board Application

The Park Forest Public Library **Teen Advisory Board** will take an active role in creating and developing the new Teen Tech Zone. This board is open to young adults in grades 7 through 12 who live in Park Forest or Olympia Fields. Members make suggestions on which books, movies and magazines to order, which programming to have, and which design and form the new Teen Tech Zone will take. They will also help plan and implement special programs and events for teens. This is a fun way to get involved in Park Forest/Olympia Fields and meet any community service requirements your school may have. Also, membership looks great on resumes and college applications!

The TTZ Advisory Board will meet on the **fourth Wednesday** of the month at **4:30 pm**.

- All TTZAB members must be at least 12 years old and enrolled in the 7th to 12th grades. Once a TTZAB member graduates from high school, they graduate from TTZAB.
- Meetings begin on time - no late admittance!
- Please remember to sign in and out to receive full credit.
- Please participate fully and turn all electronic devices off.
- Be respectful of each other and each other's ideas, the staff, and the space.



it's a new day

TEEN TECH ZONE

PARK
FOREST
PUBLIC
LIBRARY

400 Lakewood Blvd
Park Forest, Illinois 60466
(708) 748-3731
www.PFPL.org

ALSO SERVING OLYMPIA FIELDS



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Teen Advisory Board Application

Full Name: _____

Address: _____

Phone Number: _____

Email Address (required): _____

Age: _____ Grade level: _____ School: _____

Will you be using this for community service hours? _____

Do you have commitments to sports, band, theater, church groups, etc., that will prevent you from attending our meetings? (There is a maximum of 3 absences in a school year.)

Volunteer Waiver:

I, _____, state that I have volunteered my services to the Park Forest Public Library and do hereby waive any right of claim now or in the future for any injury to my person or property that may occur directly or indirectly in the performance of such services or other services related thereto that I am requested to perform. I understand that by signing this waiver, I am assuming all liability for my person and property during the time I am performing volunteer services.

Applicant's signature: _____ **Date:** _____

Parent signature required for above waiver and following awareness statement: The TAB meet once a month during the school year and occasion there are other opportunities for service. I am aware of the commitment for which my son/daughter is applying.

Parent/guardian's signature: _____ **Date:** _____

Image release: I hereby authorize print and/or broadcast media to interview, photograph, or film me and/or my child for use in area publications, programs, exhibitions, showings or displays, and the promotion thereof in all media. Park Forest may edit such items as desired. I will not hold Park Forest Public Library responsible for its use. I hereby represent and certify that I have read the foregoing and fully understand the meaning and effect thereof and by my signature have given my consent for such use.

Parent/guardian's signature: _____ **Date:** _____