



102 S. Main Ave - Sioux Center, IA 51250
Phone: (712) 722-2138 - Fax: (712) 722-1235 - Email: support@siouxcenterlibrary.org -
www.siuoxcenterlibrary.org

Sioux Center Public Library Youth Advisory Board (YAB) Member Application

What is the YAB?

YAB, or Youth Advisory Board, is a teens-only volunteer (5th - 12th grade) group dedicated to improving the teen services in the library by having a say in library programs, events, collection and promotion, as well as helping to plan, organize and execute teen events.

Goals of the YAB:

1. Provide teens with healthy after school activities that can help improve teen's social, collaborative and planning skills
2. Give teens a new perspective of the library and how library events are organized, planned, and implemented
3. Allow teens to have an influence in the library, and allow them to create events that are interesting and relevant to them, under the guidance of a staff member

YAB Mission:

The mission of the YAB is to create a positive and healthy space for teens, promote teen literacy and involvement, allow teens to have an influence in library events, and help teens become lifelong library users.

Youth Advisory Board Member information:

Today's date: _____

First Name: _____ Last name: _____

Phone number: _____ Email: _____ Date of birth: _____ Age: _____

Address: _____

School: _____ Grade: _____ Ok to text? Yes No

Parent/Guardian Information:

First Name: _____ Last name: _____

Phone number: _____ Email: _____ Ok to text?: Yes No

Address: _____

Preferred Contact Language: _____



Sioux Center
Public Library

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How did you find out about the YAB? _____

Why do you want to join the YAB?

What are two things you'd like to do at the library?:

1) _____

2) _____

Have you had any volunteer experience before? If so, where? _____

I hereby agree to indemnify and hold harmless the library and its officers, agents, employees, advisors, customers, and other volunteers from any liability or claims of loss, costs or expenses, including attorney fees, for personal injuries to me or damage to my property or theft or loss of my property in connection with my participation and work as an unpaid volunteer at the library.

Youth Advisory Board Applicant Signature: _____

Parent/Guardian Signature: _____

Return completed applications to the Sioux Center Public Library. Call Emily or Maria at 712.722.2138 with any questions.