

Teen Advisory Council Application



Applications due March 1, 2026
Return to Liz at Central Library Youth Services Department

About the Teen Advisory Council (TAC)

Massanutten Regional Library's Teen Advisory Council is open to students ages 13+, attending public, private or home school, and residing in Harrisonburg City, Rockingham County, or Page County. Consideration will be given to those who have turned 18 but are still attending high school, such as seniors with early birthdays.

Why join the Teen Advisory Council?

- Gain leadership and service experience that looks great on a college application.
- Recommend new/popular books, movies, and other materials for consideration to be added to the MRL Collection.
- Advise, plan, promote, and implement events or programs for you and your friends.
- Assist in advising and creating an inviting teen area and atmosphere.
- Make new friends

What are the expectations?

- Attend monthly meetings. **Meetings will be held the 4th Tuesday of every month, from 4:30-6pm in the CYC at the Central Branch in downtown Harrisonburg.**
- Be an active participant in meetings.
- Attend teen programs – such as the Weekly Wednesday activities and special events as much as possible throughout the year.
- Conduct yourself in a manner befitting a leadership position.

What happens if you're chosen?

- You will be on the Council for one (1) year
- Council members will be invited to reapply yearly. Reapplying does not guarantee reacceptance.
- This agreement can be broken by either party.
 - You may choose to resign by written communication - NO ghosting!
 - Failure to meet expectations can result in being removed from the Council.

How to apply:

- Fill out the form completely and return pages 2-4 to Liz in Youth Services at Central Library by March 1, 2026. See page 3 for ways to submit the application.
 - *NOTE: The parent/guardian form (page 4) MUST be filled out and returned with your application to be eligible for consideration.*
- Applicants will be contacted via email or phone no later than March 10, 2026 if invited to become a member.
- Please note: simply filling out an application does not guarantee acceptance to the TAC.

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Please Print Clearly – to be completed by applicant

Full Name (first and last): _____

Preferred Name: _____ Preferred Pronouns: _____

Date of Birth: ____/____/____ Current Age: ____ Grade: ____

School: (circle one) Public Private Homeschool

Name of school: _____

Home Address (please include zip code): _____

Phone: _____

E-mail: _____

(please note that some school email addresses may not allow an MRL email through)

What is the best way to contact you via your parents/guardian?

Parent Name: _____

Phone, including area code: _____ Email: _____

Please answer the following questions:

1. Why do you want to be on the Library's teen advisory council?

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2. Can you commit to one Council meeting a month *and at least* 1 teen event a month? There are at least 4 teen events every month to choose from, in addition to the TAC meeting. There are also teen programs offered at the other branches.

Yes_____ No_____

3. What projects or causes would you like to see the TAC support or do?

4. What are some of your interests, hobbies, special talents and extracurricular activities?

5. What is your favorite book and why?

Ways to submit the application:

- Email: scan application and email to youth@mrlib.org. In the subject line, please put Attn: Liz – TAC app
- In person, at any branch: place application in an envelope, addressed as: Central Branch
Attn: Youth Services: Liz - TAC app
- Mail: you may mail the application, addressed as: Massanutten Regional Library
Attn: Youth Services: Liz – TAC app
174 South Main Street
Harrisonburg, VA 22801

Pages 2-4 MUST be filled out completely and submitted together to be considered for a position on the Council.

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FOR PARENTS/GUARDIANS

Please Print Clearly

I (We), _____ give my permission for my child, _____ to become a Teen Advisory Council member at Massanutten Regional Library (MRL). I understand that this is the only form I will need to sign to give such permission.

I understand that I have an obligation to help my child, if needed, attend meetings and events to maintain active participation on the Teen Advisory Council.

I (We) give consent for my child to be photographed, videoed, or interviewed for Social Media, newspapers etc. during library events for the purposes of education, communication, and promotion of the library.

I (We) further agree that neither MRL, nor its officials, agents, or representatives, whether volunteer or paid, shall be held responsible by me (us) for any accident. I (We) understand that MRL and its representatives will take reasonable and responsible safety precautions.

In the event that a parent or legal guardian of a minor cannot be reached in a medical emergency, MRL is authorized to arrange for emergency treatment, the cost of which will be the sole responsibility of the parent or legal guardian.

I (We) have read and understood all the information above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian email: _____

Please list all allergies to medicines, foods etc....

EMERGENCY CONTACT INFORMATION

Name of Person to Contact: _____

Relationship: _____

Phone Number: _____ Alternate Phone Number: _____

Parents: please note that any email communication between MRL and your child will be monitored by several parties and there will always be at least one secondary staff member copied on every email.