Library Experience Program Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Library Experience Program

Please select one:

___ Senior Project (high school students)
___ Apprenticeship (college/graduate school students interested in a career in public libraries)
___ Practicum (for course credit)
___ Internship (MLIS graduates)

Why are you interested in the Library Experience Program?

Area(s) of Interest

We are committed to providing a well-rounded experience for students, but also expect to allow a student to gain more in-depth experience in an area of choice. Of the following areas, indicate which one(s) interest you the most?

___ Adult Services (Reference)
___ Youth Services (Children's)
___ Youth Services (Teen)
___ Branch Librarianship (Adult or Youth Services)
___ Deaf Services
___ Training Services (Public Technology Training)
___ Management (Administration)
___ Human Resources/Training and Staff Development
___ Information Technology (IT)
___ Other

Please explain your choice(s):

School/Program Requirements

If for course credit, does your school require you to complete a paper or project as part of your library experience? If yes, do you have a particular topic in mind?

Special Skills or Qualifications

What skills and/or interests or other experiences do you have that may be useful in a public library setting? Please explain.

How many hours does your school require that you work?

_____ Hours

What is your:

_____ Preferred start date _____ Preferred completion date

Availability

During which hours are you available?

___ Weekday mornings ___ Weekend mornings
___ Weekday afternoons ___ Weekend afternoons
___ Weekday evenings ___ Weekend evenings

Person to Notify in Case of Emergency

Name	
Street Address	

City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

I certify that all statements made in my Library Experience Program application are true and correct to the best of my knowledge. I give Cleveland Heights – University Heights Public Libraries the permission to verify all information contained in this application as may be necessary.

I agree to undergo a background check (if student is 18 years and older).

Name (printed)	
Signature	
Name (printed) of Parent, if applicant is under 18 years	
Signature of Parent	
Date	

Please return your completed application, resume and transcripts to:

Heather Howiler
Training and Staff Development Manager/Volunteer Program Coordinator
Lee Road Branch (Administration Office)
2345 Lee Road, Cleveland Heights, OH 44118

Phone: 216-932-3600 ext. #287
Fax: 216-932-0932
Email: hhowiler@heightslibrary.org

Allow four weeks for us to review your application and other documents.