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

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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  
Continuing Education Manager  
Lee Road Branch (Administration Office)  
2345 Lee Road, Cleveland Heights, OH 44118

Phone: 216-932-3600 ext. 1287  
Fax: 216-932-0932  
Email: hhowiler@heightslibrary.org

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