

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?

- | | |
|---|---|
| <input type="checkbox"/> Adult Services (Reference) | <input type="checkbox"/> Training Services (Public Technology Training) |
| <input type="checkbox"/> Youth Services (Children's) | <input type="checkbox"/> Management (Administration) |
| <input type="checkbox"/> Youth Services (Teen) | <input type="checkbox"/> Human Resources/Training and Staff Development |
| <input type="checkbox"/> Branch Librarianship (Adult or Youth Services) | <input type="checkbox"/> Information Technology (IT) |
| <input type="checkbox"/> Deaf Services | <input type="checkbox"/> 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?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> 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 Howler
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: hhowler@heightslibrary.org

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