## Library Experience Program Application

### Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City ST ZIP Code</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>E-Mail Address</td>
<td></td>
</tr>
</tbody>
</table>

### 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)       ___ Continuing Education (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**

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:
Laurie Marotta,
HR Manager
Lee Road Branch (Administration Office)
2345 Lee Road, Cleveland Heights, OH 44118

Phone: 216-932-3600 ext. 1244
Fax: 216-932-0932
Email: hhowiler@heightslibrary.org

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