

## 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"/> Continuing Education (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?

\_\_\_ 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:

Megan McBride  
 Staff Training and Development Coordinator  
 Lee Road Branch (Administration Office)  
 2345 Lee Road, Cleveland Heights, OH 44118

Phone: 216-932-3600 ext. 1363  
 Fax: 216-932-0932  
 Email: [mmcbride@heightslibrary.org](mailto:mmcbride@heightslibrary.org)

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