

Cleveland Heights-University Heights Public Library
The Library Experience Program Application

Send completed application, transcripts and resume to Heather Howler at the CH-UH Public Library. Allow **four weeks** for us to review your application and other documentation.

Name: _____

Address: _____

Phone/Email: _____

1. Why are you interested in the *Library Experience Program* at the CH-UH Public Library? Please be specific.

2. 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 | <input type="checkbox"/> Children's Services |
| <input type="checkbox"/> Deaf Services | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Young Adult Services | <input type="checkbox"/> Other |
| <input type="checkbox"/> Information Technology | _____ |

Please explain your choice(s).

3. If your school requires you to complete a paper or project as part of your library experience and you have a particular topic/project in mind, please explain. If you are selected, you can count on us to work with you on the development of this paper/project so that the result is mutually beneficial for both you and our library.

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

5. What commitments or obligations do you have that would limit your availability?

6. How many hours does your school require that you work? _____

What is your preferred *start* date _____ *completion* date? _____