



Summer Reading Internship Application

What is the White House Public Library Summer Reading Internship? This is an unpaid internship intended for ages 12-21 to give participants job experience in a public library setting as well as help with resume creation at the end of the program. Please complete this application form in detail if you are interested in an internship. All applications including one letter of recommendation from a non-family member must be submitted by 3pm, Saturday, May 11th, to the library.

Applicant Contact Information

Name: _____

Nickname: _____

Street Address: _____

City, State, and Zip Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____ Date of Birth: _____

Limitations

Please list any limitations or medical conditions that you wish us to know about.

Reason

Why do you want to be an intern at the library?

Experience

Describe any relevant educational, volunteer, or work experience you may have.

Scheduling

The following are the scheduled slots for this internship. Please circle the ones that you are able to attend.

Monday	Tuesday	Wednesday	Thursday	Saturday
3pm-5pm	10am-12pm	1-3pm	10am-12pm	10am-12pm
	3pm-5pm		3pm-5pm	

Services and Preferences

Please mark all that apply to you.

General Skills	
<input type="checkbox"/>	Able to lift up to 30 lbs
<input type="checkbox"/>	Cleaning
<input type="checkbox"/>	Comfortable communicating with adults, teens, and children
<input type="checkbox"/>	Filing
<input type="checkbox"/>	Organizing
<input type="checkbox"/>	Proofreading
<input type="checkbox"/>	Working with children
<input type="checkbox"/>	Working with teens

Computer Skills	
<input type="checkbox"/>	Data Entry
<input type="checkbox"/>	Databases / Access
<input type="checkbox"/>	General Computer Skills
<input type="checkbox"/>	Internet and Email
<input type="checkbox"/>	Spreadsheets / Excel
<input type="checkbox"/>	Publisher
<input type="checkbox"/>	Word Documents
<input type="checkbox"/>	Canva

References

At least 1 reference needs to be someone who is your supervisor (i.e. teacher, librarian, etc.).

Name:	Phone Number:	Years Known:	Relationship:

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Agreement

The library reserves the right to screen and select volunteers based on library needs. By completing this form, I agree that I am willing to make a commitment of 2 hours a week over a 2-month period as well as time required for training before beginning the internship. I agree to abide by any current or future instructions, rules, and policies of the White House Public Library. I further understand that my arrangement may be eliminated by the White House Public Library at any time based on the needs of the library or my performance. My signature below signifies that all information contained in this application is completed to the best of my ability and is accurate to the best of my knowledge.

Name: _____

Signature: _____

Parents Name (if minor): _____

Parent's Signature: _____

