



Teen Summer Library Intern Application 2019

Name: _____ Date: _____

Address: _____

Phone: _____ E-mail: _____

School: _____ Current Grade: _____

Emergency Contact Name & Relation: _____

Emergency Contact Phone: _____

Help us get to know you by answering the following questions. You may attach an additional page if needed.

Why are you interested in interning at the Boyertown Community Library?

Have you ever volunteered or worked elsewhere? If so, describe your experiences. If you have no formal work experience, describe your responsibilities at home, school, or in extracurricular activities.

What experiences and/or skills will you bring to the library? For example, what are your favorite interests, hobbies, classes, and extracurricular activities?

This internship involves assisting with youth programs. How do you feel about working with children (mostly ages 5-11)? Describe any experience you may have.

The summer internship may also involve helping with teen programs, including planning for after hours programs on June 28 and July 26. How do you feel about planning activities for your peers?

Interns will have the option to work in the first or second part of the summer. Please indicate your preference:
June 10 to July 13 _____ July 15 to August 17 _____ Either _____

In addition, all interns will attend training on Friday, May 31 (4:00-8:00) and Saturday, June 1 (12:00-2:00).
Are you available for the training times? Yes _____ No _____

What days and times are you not available to work (due to vacation, camp, or other obligations)?

Most programs will take place on Tuesday morning or Wednesday evening. However, we may also need help on other days. Please indicate your general availability with Y/N. Indicate your shift preferences with 1, 2, 3, 4.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 10-1						
Afternoon 1-4						
Evening 5-8				CLOSED		CLOSED

REFERENCES

Please list two unrelated adults and one related adult whom we may call for personal references. References can be a current/former teacher, coach, supervisor, or anyone familiar with your job qualifications and character.

Name: _____

Phone and/or e-mail: _____

How do they know you? _____

Name: _____

Phone and/or e-mail: _____

How do they know you? _____

Name: _____

Phone and/or e-mail: _____

How do they know you? _____

Is there anything else you would like us to know as we consider your application?

Applicant Signature: _____ Date: _____

PARENT/GUARDIAN PERMISSION

My child has my permission and full support to intern at the Boyertown Community Library this summer.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

If you have a résumé, you may attach it to this application. Thank you for applying!

Return completed applications to Lisa Rand, Youth Services Coordinator, Boyertown Community Library, 24 N. Reading Avenue, Boyertown.

Thank you to the Young Adult Library Services Association (YALSA) and the Dollar General Literacy Foundation for the grant generously sponsoring this program.