

# DPLS SUMMER TEEN INTERN APPLICATION



Defiance Public Library | 419.782.1456 | 320 Fort Street Defiance, OH 43512  
Johnson Memorial Library | 419.542.6200 | 116 West High Street Hicksville, OH 43526  
Sherwood Branch Library | 419.899.4343 | 117 North Harrison Street Sherwood, OH 43556

## PERSONAL INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
T-Shirt Size (If hired, you will receive 2 "Libraries Rock!" t-shirts). \_\_\_\_\_

.....  
Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address if different than above \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_

.....  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## REFERENCES

List three adults whom we may contact for personal references. At least two references should not be related.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
How do they know you? \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
How do they know you? \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
How do they know you? \_\_\_\_\_

## EMPLOYMENT AND VOLUNTEER EXPERIENCE

If you have no formal experience, please describe the responsibilities you have at home or school.

## **AVAILABILITY (FROM MAY 29 TO JULY 15, 2018)**

What days and times are you not available to work because of vacation, sports, work, etc.?

## **LET'S GET TO KNOW YOU.**

Please answer the following questions to the best of your ability. Attach another sheet if needed.

**Why do you want to be a teen intern for DPLS?**

**One component of the internship will be assisting with the S.T.E.A.M Camps. How do you feel about potentially leading some of the camp activities and working with children grades 1-8?**

**Think of a S.T.E.A.M. Camp activity focusing on the theme "Libraries Rock!". This could be an icebreaker, a craft, a game, or a main component. Select a grade for your activity (Grades 1-2, 3-6, or 6-8), describe the activity, and briefly explain how you would implement it.**

**Another component of the internship will be tracking statistics and data entry. On a scale of 1-5 (1 being "I don't know anything" and 5 being "I can do this in my sleep") rate your experience and comfort level.**

**Describe any teamwork/collaborative experience you have. What would you consider your role to be when working with a group?**

**List three of your best qualities and how you think they would help you to perform the duties of this internship?**

## COMMITMENT

I, \_\_\_\_\_ have read the qualifications, duties, and requirements to be a DPLS Summer Teen Intern and agree that I am qualified. I certify that my answers on this application are true and complete to the best of my knowledge. I understand that the submission of this application is not a guarantee that I will be selected. If selected, I will attend the required training sessions and will perform the duties of a DPLS Summer Teen Intern to the best of my ability. I understand this is a paid internship.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

I, \_\_\_\_\_ give permission to my child to be a DPLS Summer Teen Intern if they are selected. I have read the qualifications, duties, and requirements for a DPLS Summer Teen Intern and will assist my child in keeping their commitment if they are selected. I understand that the submission of this application is not a guarantee that my child will be selected. I understand this is a paid internship.

**PARENT/GUARDIAN NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

