



Teen Internship Initiative Program

Complete the following information and submit it **along with a letter of recommendation** from a teacher, other school official, community partner, or librarian.

Name: _____ Date: _____

Address: _____

Email: _____ phone: _____

Internship availability (times/days of week):

Age: _____

School Name: _____

Most recently completed grade: _____

Have you worked in the library previously? If yes, please describe:

Short Essay

How will working in the library build your skills and interests? What part of the library are you most interested in working with and why?