

## **TEEN INTERN, SUMMER 2024**

## MINIMUM CRITERIA

- Must be at least 15 years of age at the time of employment (June 1, 2024).
- Must have a valid government-issued photo ID, ex: driver license, passport.
- Must be a member of the ONL Teen Advisory Board OR a consistent teen volunteer at the library for at least 1 school-semester (5 months).
- Experience in ONL services and programs is preferred.
- Experience in community service and volunteering is preferred.

## **JOB DESCRIPTION**

This is a 50-hour summer internship available to teens with a passion for serving the O'Neal Library community. Job responsibilities include:

- Work with Young Adult department staff and fellow interns to achieve specific Readers' Advisory goals.
- Develop displays, lists, and bibliographies for all reading interests.
- Assist with programming such as planning, preparation, set-up, and evaluation.

Teens will earn \$10/hour for a total of \$500, which will be paid in full at the end of the internship. Schedules are flexible. Resume is OPTIONAL.

Applications may be submitted by email to teens@oneallibrary.org or in-person at the Reference Desk on the 2nd Floor of the O'Neal Library. The deadline to apply is Friday, April 12 at 6PM CDT.



| Applicant Information:                        |                  |         |          |             |                     |             |                                       |        |   |
|---|------------------|---------|----------|-------------|---------------------|-------------|---------------------------------------|--------|---|
| Last Name                                     |                  | First N | ame      |             |                     |             |                                       |        |   |
| Street  | Apartment/Unit # |         |          |             |                     |             |                                       |        |   |
| City  |                  | State   |          | Z           | Zip Code            |             |                                       |        |   |
| Phone   |                  | E-mail  | E-mail   |             |                     |             |                                       |        |   |
| Education                                     |                  |         |          |             |                     |             |                                       |        |   |
| High School                                   | ol               |         |          |             |                     |             |                                       |        |   |
| From  | То               |         |          |             | Have you graduated? |             |                                       |        |   |
| What days & times are you available to work?  |                  |         |          |             |                     |             |                                       |        |   |
|   |                  |         |          |             | Б.1                 | C           |                                       | C I    |   |
| Monday  | Tuesday          | Wednes  | day Thu  | ırsday      | Friday              | y Sa        | turday                                | Sunday |   |
|   |                  |         | _        | <del></del> |                     | -           | <del></del>                           |        | _ |
|   |                  |         |          | <del></del> |                     | _           | · · · · · · · · · · · · · · · · · · · |        | _ |
|   |                  |         |          |             |                     |             |                                       |        |   |
|   |                  |         |          |             |                     |             |                                       |        |   |
| List any specific details here about days and |                  |         |          |             |                     |             |                                       |        |   |
| times you will not be available such as       |                  |         |          |             |                     |             |                                       |        |   |
| vacations, camps, etc.                        |                  |         |          |             |                     |             |                                       |        |   |
|   |                  |         |          |             |                     |             |                                       |        |   |
| All About You                                 |                  |         |          |             |                     |             |                                       |        |   |
|   |                  |         | 1.       |             |                     |             |                                       |        |   |
| What Five V                                   | 2                |         |          |             |                     | <del></del> |                                       |        |   |
| What Five Words Best Describe You?            |                  |         | 2.<br>3. |             |                     |             |                                       |        |   |
|   |                  |         | 4        |             |                     |             |                                       |        |   |
|   |                  |         | 5        |             |                     |             |                                       |        |   |

| Describe any previous work or volunteer experience.           |   |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| What do you hope to gain from this internship at the library? |   |  |  |  |  |  |  |  |
| DISCLAIMER AND SIGNATURE                                      |   |  |  |  |  |  |  |  |
| If this application leads to an in                            | ue and complete to the best of my knowledge.  Internship, I understand that false or misleading information may result in my release from the internship. |  |  |  |  |  |  |  |
| Applicant   | Date  |  |  |  |  |  |  |  |
| Signature   |   |  |  |  |  |  |  |  |
| PARENT/GUARDIAN INFO  | DRMATION  |  |  |  |  |  |  |  |
| Name:Address:   |   |  |  |  |  |  |  |  |
| Relationship to Teen:   |   |  |  |  |  |  |  |  |
| Phone Number:   |   |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
| Parent/Guardian Signature:                                    | Date:   |  |  |  |  |  |  |  |

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