



Internship Application

(410) 749-3612 ext. 140
www.wicomicolibrary.org

Print Please!

Date: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Email: _____

Home Phone: _____ Other Phone: _____

Internship Requirements

Advisor: _____ Phone: _____ E-mail: _____

Total Hours Required: _____ Completion Date: _____

How did you hear about Wicomico Public Libraries Internship Program?

Please circle **two** locations that are convenient for you to volunteer at:

Main

Centre

Pittsville

Bookmobile
(multiple locations)

At what times would you be available?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

What types of internship are you interested in? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Library Science |
| <input type="checkbox"/> Computers & Technology | <input type="checkbox"/> Management/Business Administration |
| <input type="checkbox"/> ESOL | <input type="checkbox"/> Marketing & Communication |
| <input type="checkbox"/> Event Programming | <input type="checkbox"/> Other |

Skills & Interests

What is your current major and expected graduation date?	
Where are you currently pursuing your degree?	
What are your future career goals ?	
Describe any special interests or skills that you have.	

Do you speak a language other than English?

Yes No

If yes, what language(s): _____

Have you ever been convicted, imprisoned, placed on probation, or fined for any violation of any law or ordinance (not including parking violations)?

Yes No If yes, please explain: _____

Do you have any medical conditions that should be considered when assigning you specific volunteer work?

Yes No If yes, please explain: _____

References

Name: _____ Phone: _____

Relationship: Employer Family Friend

Name: _____ Phone: _____

Relationship: Employer Family Friend

Please read before signing!

By signing below, I certify that all the information contained in this application is true to the best of my knowledge. I also understand that knowingly falsifying information on this application is grounds for dismissal as a Wicomico Public Libraries Volunteer.

I further agree that, should I accept a placement as a volunteer of Wicomico Public Libraries, I will **NOT** hold the agency liable in the event of personal loss or injury.

Signature

Date