



Northampton Area Public Library Internship Application

Thank you for your interest in interning at NAPL. We will accept 2 interns age 16 and older (enrolled in high school). **Please complete the application and we will contact you if we have opportunities available.**

Name: _____

Date of Birth _____ Phone: _____

Address: _____

Email: _____

Emergency Contact – Name and Phone Number: _____

Availability

When are you available? (Mark “X” in the appropriate boxes) **You will be scheduled for certain times.**

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Saturday</u>
Morning					
Afternoon					
Evening					

___ Check if you're available for **special events**

Interests and Skills:

Computers: Word Windows Internet Other _____

Work/ Volunteer Experience:

Why do you want intern at NAPL?:

*This internship requires a PA State Criminal Check and PA Child Abuse History Clearance which are FREE for Volunteers. If you have lived in PA under 10 years you are also required to obtain a FBI Criminal History Record Check. Please ask a staff member for more information.

Applicant Signature:_____

Printed Name:_____ **Date:** _____

Parent or Guardian Signature:_____

Printed Name:_____ **Date:** _____

Waiver:

I do hereby agree to fully release, indemnify, defend, and hold harmless the Northampton Area Public Library and any of their officials, employees, agents and the like from and against any and all liability, loss, damage, expense, or costs (including attorney's fees) arising in any way out of my (or my child's) volunteer activities except where such liability results from the sole negligence or willful misconduct of the Northampton Area Public Library.

I understand that the library does not provide any insurance coverage for interns/volunteers.

I understand that the Northampton Area Public Library is a smoke-free and drug-free environment, and I will not participate if under the influence of alcohol or illegal drugs.

I understand that all library users have a legal right to privacy. Any and all information pertaining to anyone's use of the library will be held as strictly confidential.

I have read this document completely and understand that certain legal rights are or may be forfeited by voluntarily signing this agreement.

Applicant Signature:_____

Printed Name:_____ **Date:** _____

I, the parent/guardian of the named applicant if under 18, have read the above and do hereby give him/her permission to volunteer at the Northampton Area Public Library.

Parent or Guardian Signature:_____

Printed Name:_____ **Date:** _____