

Internship Application

Onslow County Public Library · 58 Doris Ave East, Jacksonville, NC 28540 · 910-455-7350

Applications must be submitted two months prior to the start of the internship.

Basic Information

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Email is the main notification method for interns.

If this does not work for you, please let us know.

Emergency Contact Name: _____

Emergency Contact Phone: _____

Availability

	Evening	Afternoon	Morning
Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Internship Locations

- Main Library
 Richlands
 Sneads Ferry
 Swansboro

Internship Requirements. Please list all requirements for your internship (paperwork, projects, number of hours, etc.), and please submit any necessary paperwork along with this application.

Faculty Advisor: _____

Phone: _____ **Email:** _____

School. Please list your school and any concentrations.

Experience. Please provide a brief description of your work/volunteer experience, to include any previous library experience.

Applicant Expectations. What do you want to accomplish with this internship?

Within the past 10 years have you been convicted of a crime or released from prison? No Yes

Conviction does not necessarily disqualify candidates from volunteer consideration. The offence and how recently you were convicted will be evaluated in relation to the volunteer position for which you are applying.

If YES, please state the date, place and nature of the offense(s):

Agreement. I certify that the information provided on this application is true and complete to the best of my knowledge, and agree that falsified information or significant omissions may disqualify me from further consideration for volunteering and, if I am accepted to be a volunteer, will result in my dismissal when discovered. I understand that, if accepted as a volunteer, I will be required to abide by all of the policies, rules and regulations of the Library and volunteer program. I authorize the county to make inquiries of my references and conduct a background check, as may be necessary for arriving at a decision of acceptance into the volunteer program.

Expectations. I understand I must proactively provide all necessary paperwork to the librarian who will be supervising my internship, and that I am required to follow County policy in terms of behavior, dress and conduct. I am expected to remain professional at all times .

Applicant Signature _____ **Date** _____



ONSLOW COUNTY PUBLIC LIBRARY
Connect With Us!



Jacksonville/Main Library
58 Doris Ave. E.
Jacksonville, NC 28540
910.455.7350
Mon-Thu: 9am-9pm
Fri-Sat: 9am-6pm
Sun: 1-5pm

Richlands Branch
299 S. Wilmington St.
Richlands, NC 28574
910.324.5321
Mon-Wed, Fri: 9am-6pm
Thu: 10am-7pm
Sat: 9am-3pm

Sneads Ferry Branch
1330 NC Highway 210
Sneads Ferry, NC 28460
910.327.6471
Mon-Wed, Fri: 9am-6pm
Thu: 10am-7pm
Sat: 9am-3pm

Swansboro Branch
1460 W. Corbett Ave.
Swansboro, NC 28584
910.326.4888
Mon-Wed, Fri: 9am-6pm
Thu: 10am-7pm
Sat: 9am-3pm

WWW.ONSLOWCOUNTYNC.GOV/LIBRARY