

## Forsyth County Public Library Internship Application

Send completed application to:  
 HR/Internship  
 Forsyth County Public Library  
 585 Dahlonega Street  
 Cumming, GA 30040  
 Email to: [FCPLVolunteers@forsythpl.org](mailto:FCPLVolunteers@forsythpl.org)  
 Or drop off at any FCPL Branch Location

Date of Application: \_\_\_\_\_

**Which type of Internship are you interested?**

- IT/HQ
- Youth Specialist/Cumming, Hampton Park, Post Road
- Marketing/HQ

**Personal Information**

Name: \_\_\_\_\_  
*Last* *First* *Initial*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Email: \_\_\_\_\_

*\*Please check your emails weekly to ensure you receive any communications from Forsyth County Public Library (FCPL).*

Are you at least 16 years old?  No\* *\*Must be at least age 16 to volunteer.*  
 Yes *A parent or legal guardian must sign a consent form before you begin volunteer work.*

High School Location: \_\_\_\_\_ GPA: \_\_\_\_\_

Have you ever:

Been a TAB member?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Dates/Location _____
Volunteered for FCPL?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Dates/Location _____
Submitted a Volunteer Application to FCPL?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Dates: _____
Submitted an Employment Application to FCPL?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Dates: _____
Been employed by FCPL?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Dates/Location _____

**Skills, Interests, and Availability**

Please indicate what you hope the educational benefit of this opportunity will be: \_\_\_\_\_

Describe any special skills you have that may relate to a Library internship (e.g., foreign languages, computer programming languages):  
 \_\_\_\_\_  
 \_\_\_\_\_

Library Branch Location – Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice preferences (i.e., 1 = 1<sup>st</sup> choice, 2 = 2<sup>nd</sup> choice)  
 \_\_\_\_\_ Cumming \_\_\_\_\_ Hampton Park \_\_\_\_\_ Post Road \_\_\_\_\_ Headquarters Building

Dates available for internship: (Starting date): \_\_\_\_\_ to (Ending date): \_\_\_\_\_

**Work and Volunteer Experience**

Please list your current and previous work experience and volunteer experience: *(Attach additional sheet if needed)*

Name of Company	City/ST	Title / Nature of Work	Dates
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Add any comments about how your work and/or volunteer experience might relate to an Internship with FCPL:

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**References**

Please provide three references:

Name	Relationship	Email Address	Telephone

**ACKNOWLEDGMENT**

I certify that the statements made in this internship application are true and correct and have been given voluntarily, and I authorize FCPL to make any investigation of my prior work, volunteer, and educational history. I understand that the information provided on this application is subject to public disclosure under the Georgia Open Records Act and this information may be disclosed to any party with legal and proper interest, and I release the Forsyth County Public Library from any liability for supplying such information. I am aware that falsification of this application or omission of complete information will result in disqualification or, upon discovery, release from internship service. I also understand that completion of this application does not guarantee acceptance into the internship program, and that in addition to completing this application I must undergo a screening process, which includes a background check.

I understand that, if I am selected as an intern, I will not be paid for my services as an intern and I am giving my time freely to the Library. I understand that my internship may end at any time for any reason, with or without cause and with or without notice. I certify that I have read and understand the Volunteer Handbook (available at the library's website), and I agree to comply with the terms and conditions of the FCPL Internship Program.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION TO FCPL**

I have made application for an Internship with the Forsyth County Public Library. I authorize my current or former employers and any agencies for whom I have performed volunteer service to give any information regarding service as an employee or volunteer. I hereby release them from any damage whatsoever for issuing same.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**APPROVAL BY STUDENT LEADERSHIP**

Date \_\_\_\_\_ Name of Academic Coordinator \_\_\_\_\_

Signature of Academic Coordinator \_\_\_\_\_

Email: \_\_\_\_\_

Date \_\_\_\_\_ Name of Teacher \_\_\_\_\_

Signature of Teacher \_\_\_\_\_

Email: \_\_\_\_\_

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