**Supplemental Information Sheet**

**Program Leader**

Name: Date Completed:

1. Do you have experience working in a public library?

[ ]  Yes

[ ]  No

If yes, describe your experience.

1. Do you have experience planning and leading activities or programs designed for babies, toddlers, preschoolers, and families?

[ ]  Yes

[ ]  No

If yes, please describe your experience.

1. Do you have experience planning and leading activities or programs designed for large groups of children and families (at least 50 people)?

[ ]  Yes

[ ]  No

If yes, please describe your experience.

1. Do you have experience planning and setting up self-serve activities for children and families of all ages?

[ ]  Yes

[ ]  No

If yes, please describe your experience.

1. Do you have experience recruiting, training, and supervising volunteers?

[ ]  Yes

[ ]  No

If yes, please describe your experience.

1. Do you have experience doing outreach (i.e., offsite programs at various community venues)?

[ ]  Yes

[ ]  No

If yes, please describe your experience.

1. Describe the most important professional achievement so far in your career.

When completed, upload your Supplemental Information Sheet at <https://buckslib.wufoo.com/forms/z1fj60180w2uw2w/>.