Touchpoints in Libraries Training: Application

Introduction

Welcome to the online application for the *Touchpoints in Libraries* training, an evidence-based approach to understanding child development and utilizing family engagement strategies to enhance customer service in libraries, especially for children, their families, and caregivers. The training consists of a three-day in-person training followed by six monthly reflective practice calls.

For this application, libraries must apply by jurisdiction. Successful applicants will designate from 2 to 25 staff members to attend the training, all tuition and materials will be provided by the State Library. Travel costs will be at the expense of the library jurisdiction or individual staff member. We will work to schedule trainings in geographically accessible locations that can minimize travel costs. Successful applicants must be willing to also commit to supporting the ongoing implementation of the Touchpoints approach as a library community of practice.

Apply online by 5:00PM on Friday, July 29, 2016. PLEASE NOTE: You must fill out the entire application in one session. We strongly suggest that you refer to the print version of this application (available at http://www.library.ca.gov/services/libraries/touchpoints), and develop your answers before completing and submitting your online application.

Applicants will be notified no later than September 12, 2016.

This project is supported in whole or in part by the U.S. Institute of Museum and Library Services under the provisions of the Library Services and Technology act, administered in California by the State Librarian.

*** 1. Library name/jurisdiction:**

*** 2. Library contact person for this application:**

Name:

Email:

Phone Number:

*** 3. Why is your library interested in participating in Touchpoints? What does your library hope to gain?**

4. Please enter names and contact information for the staff who will represent your library at the training. You must choose at least 2 staff but no more than 25. In choosing staff, please consider the kind of team your library will need trained to begin putting Touchpoints into practice. (Please use the Team Selection Criteria for guidance.)

1st Rep Name and Title

1st Rep E-Mail/Phone No.

2nd Rep Name and Title

2nd Rep E-Mail/Phone No.

3rd Rep Name and Title	
3rd Rep E-Mail/Phone No.	
4th Rep Name and Title	
4th Rep E-Mail/Phone No.	
5th Rep Name and Title	
5th Rep E-Mail/Phone No.	
6th Rep Name and Title	
6th Rep E-Mail/Phone No.	
7th Rep Name and Title	
7th Rep E-Mail/Phone No.	
8th Rep Name and Title	
8th Rep E-Mail/Phone No.	
9th Rep Name and Title	
9th Rep E-Mail/Phone No.	
10th Rep Name and Title	
10th Rep E-Mail/Phone No.	
11th Rep Name and Title	
11th Rep E-Mail/Phone No.	

12th Rep Name and Title	
12th Rep E-Mail/Phone No.	
13th Rep Name and Title	
13th Rep E-Mail/Phone No.	
14th Rep Name and Title	
14th Rep E-Mail/Phone No.	
15th Rep Name and Title	
15th Rep E-Mail/Phone No.	
16th Rep Name and Title	
16th Rep E-Mail/Phone No.	
17th Rep Name and Title	
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18th Rep Name and Title	
18th Rep E-Mail/Phone No.	
19th Rep Name and Title	
19th Rep E-Mail/Phone No.	
20th Rep Name and Title	
20th Rep E-Mail/Phone No.	

21st Rep Name and Title

21st Rep E-Mail/Phone No.

22nd Rep Name and Title

22nd Rep E-Mail/Phone No.

23rd Rep Name and Title

23rd Rep E-Mail/Phone No.

24th Rep Name and Title

24th Rep E-Mail/Phone No.

25th Rep Name and Title

25th Rep E-Mail/Phone No.

*** 5. Please explain why these people have been chosen to represent your library jurisdiction.**

* **6. A major factor in the success of *Touchpoints in Libraries* is an engaged and supportive leadership. Please provide an explanation of how your library leaders will provide ongoing support for implementing Touchpoints in your library beyond the funding for training provided by the State Library.**

* **7. Can your library provide a meeting room at no cost for this 3-day training that can comfortably accommodate up to 30 people?**

- ◯ Yes
- ◯ No, skip to Question 11

8. If you answered YES to question 7, please provide the physical address for this meeting room location and a contact person who we can work with to reserve the room.

Meeting room address: _____

Contact person name, email and phone number: _____

9. If you answered YES to question 7 and your library is willing to host the training, your library must also agree to take on the responsibility for ordering and coordinating breakfast, lunch, and snacks for all three days of the training, plus coordinating any AV and meeting room logistics. The State Library will provide a food allowance and guidelines to assist you.

- ◯ Yes, we agree
- ◯ No, we are not able to take on that responsibility.

10. If you answered YES to question 9, please identify one additional staff person <u>who will not attend the training</u> but who can be available for all 3-days of the training to help coordinate the training logistics above.

Name: _____

Email/Phone: _____

*** 11. Trainings will be offered from November 2016 - August 2017. Which month would be best to hold a training for your staff? Please rank the training months in order of preference from 1st to 10th.**

- [ ] November 2016
- [ ] December 2016
- [ ] January 2017

- February 2017
- March 2017
- April 2017
- May 2017
- June 2017
- July 2017
- August 2017

*** 12. Please choose 3 consecutive days of the week that would work best for the training for your library.**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

*** 13. Library Director's name and contact information**

Name:

Email/Phone:

Submission of this application indicates your director's approval and support for your library's participation in this training.

Thank you for applying! Applicants will be notified no later than September 12, 2016.

Done

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