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**Norseland Nursing Home**

**Therapeutic Recreation Internship Application**

Date: Click here to enter text.

Name (Last): Click here to enter text. (First): Click here to enter text.

Address (Street, city, state, zip): Click here to enter text.

Phone: Click here to enter text. Best time to call: Click here to enter text.

Email: Click here to enter text.

Emergency Contact (Name, number): Click here to enter text. Relationship: Click here to enter text.

References (Only one as educator) (Provide name, number, email):

1: Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

Degree of Study: Click here to enter text.

Minor: Click here to enter text. Graduate Student? [ ]  Yes [ ]  No

Do you plan to pursue further education after TR? [ ]  Yes [ ]  No If yes, in what field of study Click here to enter text.

Semester and year desired for internship: Click here to enter text.

Availability:

Are you able to complete your internship during the following times:

Generally, between the hours of 8:00am-5:30pm, Monday - Friday? Click here to enter text.

Are you able to work an adjusted schedule to complete one evening program per week and a half Saturday at least 3 times throughout the semester? Click here to enter text.

Please share your skills, hobbies, or previous experiences: Click here to enter text.

Please share what knowledge and skills you hope to gain by completing an internship at Norseland: Click here to enter text.

Any limitations (physical, etc.) we should be aware of? [ ]  Yes [ ]  No

If yes, please explain: Click here to enter text.

Signature: Click here to enter text.