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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.