

Bethany St. Joseph Care Center
Therapeutic Recreation Internship Application

Date: _____

Name (Last): _____ (First): _____

Address (Street, city, state, zip): _____

Phone: _____ Best time to call: _____

Email: _____

Emergency Contact (Name, number): _____ Relationship: _____

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

1: _____

2. _____

3. _____

Degree of Study: _____

Minor: _____ Graduate Student? Yes No

Semester and year desired for internship: _____

Availability:

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

8:00am-4:30pm, Monday - Friday? _____

11:30am-8:00pm one night a week during the last 8 weeks? _____

One-half day on a Saturday or Sunday for at least 3 times? _____

Please share your skills, hobbies, or previous experiences: _____

Any physical limitation we should be aware of? Yes No

If yes, please explain: _____

Signature: _____