**Bethany St. Joseph Care Center**

**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

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

Availability:

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

8:00am-4:30pm, Monday - Friday? Click here to enter text.

11:30am-8:00pm one night a week during the last 8 weeks? Click here to enter text.

One-half day on a Saturday or Sunday for at least 3 times? Click here to enter text.

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

Any physical limitation we should be aware of? [ ]  Yes [ ]  No

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

Signature: Click here to enter text.