



**PARKS, RECREATION & CULTURAL SERVICES
THERAPEUTIC RECREATION PROGRAM
INTERNSHIP APPLICATION**

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Current Address: _____

City: _____ State and Zip: _____

Cell Phone: (area code) _____ E-Mail Address: _____

Permanent Address: _____

City: _____ State and Zip: _____

Emergency Contact Name: _____ Phone (area code): _____

Relationship to Intern: _____

List any major medical conditions & \ allergies: _____

SCHOOL INFORMATION

College or University: _____

College or University Address: _____

City: _____ State and Zip: _____

Advisor Name: _____ Advisor Phone (area code): _____

College Major: _____ Area of Emphasis: _____

When do you expect to graduate? _____ College/University
Advisor's email address: _____

ORGANIZATIONS AND CERTIFICATIONS

Do you belong to any professional organizations? _____ If so, list: _____

Are you certified in...
 First Aid _____ Expiration Date: _____
 CPR _____ Expiration Date: _____
 Other (list) _____ Expiration Date: _____
 Other (list) _____ Expiration Date: _____

INTERNSHIP INFORMATION

Requested Internship Dates: _____

Will you have access to a vehicle during your internship? Yes No

List any specific college/university requirements needed for successful internship completion, e.g., special project completion, class instruction, journal article submission,.... (If necessary, attach additional pages.)

Are there any personal considerations that may affect your internship placement?

SPECIAL NOTES:

- The City of Colorado Springs Therapeutic Recreation internship program does not guarantee intern housing. *NOTE: In some cases, accommodations may be available through the Parks, Recreation and Cultural Services Department.*
- The City of Colorado Springs Therapeutic Recreation Program does not provide a paid internship program. Work opportunities within the Parks, Recreation & Cultural Services Department may be available outside of internship hours.
- An in-person or phone interview will be conducted with all applicants prior to placement.

PERSONAL GROWTH (Attach responses to application.)

1. List your short term goals.
2. List your long term goals.
3. What can you offer the City of Colorado Springs Therapeutic Recreation program as an intern?
4. Describe your special abilities in the areas of recreation and leisure? (i.e., aquatics, health/fitness, outdoor adventure, performing arts, fine arts, sports, ...)
5. Regarding your internship, what type of experience are you seeking in each of the following areas? Please explain.
 - Area of focus (population, age, ...)
 - Type of special/final projects
 - Administrative experience
 - Interpersonal skill building
 - Leading and implementing programs/activities
 - Supervisory experience
 - Other knowledge you may need or would like to have
6. Please write a brief paragraph explaining your background, experience and motivation for choosing Therapeutic Recreation as your field of study. Also include why you chose Colorado Springs as a possible site.

REFERENCES

Please list the names, titles, addresses and phone numbers of three references for whom you have worked in a recreation setting (including volunteer work):

Name: _____	Title: _____
Address: _____	State and Zip: _____
Phone: (area code) _____	E-Mail Address: _____

Name: _____	Title: _____
Address: _____	State and Zip: _____
Phone: (area code) _____	E-Mail Address: _____

Name: _____	Title: _____
Address: _____	State and Zip: _____
Phone: (area code) _____	E-Mail Address: _____

PLEASE ATTACH YOUR RESUME TO THIS APPLICATION