

# Recreational Therapy Student Internship Program Application

**All Applications are to be electronically filled out and submitted to Kaitlyn Green**

**Email:** [Kaitlyn.Green@Brooksrehab.org](mailto:Kaitlyn.Green@Brooksrehab.org)

**Fax:** 904-345-7193

**Mail:** Brooks Rehabilitation Attn:  
Kaitlyn Green, Brooks IHL  
3599 University Blvd South  
Jacksonville, FL 32216

Please include a resume and unofficial transcript with your application submission.

**Questions? Contact Nikol Kiley, Recreational Therapy Student Internship Coordinator:** [nikol.kiley@brooksrehab.org](mailto:nikol.kiley@brooksrehab.org)

**Potential Internship Period:**

Semester

Year

**Potential Internship Site/Specialty** *(Check all that apply):*

Inpatient Rehabilitation

Pediatric Adaptive Recreation

Bartram Aging Services

**Name:** \_\_\_\_\_  
Last First M.I

**D.O.B:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street Address

City

State

Zip

**School:** \_\_\_\_\_ **Expected Graduation Date:** \_\_\_\_\_

**College Internship Coordinator Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please provide 3 references:**

<b>Name:</b>
<b>Title:</b>
<b>Email:</b>
<b>Phone:</b>
<b>Relationship:</b>

<b>Name:</b>
<b>Title:</b>
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<b>Title:</b>
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<b>Phone:</b>
<b>Relationship:</b>

*Please fill out the below questions in a word document if extra space is needed*

1. What excites you about the recreational therapy field?
2. Why do you want this internship and how will it benefit you?
3. Describe a situation where you lead a team. What role did you take? What went well and what did not?
4. What are your short term goals as it pertains to this internship?
5. List three of your professional strengths as well as three areas you would like to improve in.