

Recreational Therapy Student Internship Program Application

All Applications are to be electronically filled out and submitted to:

Email: students@brooksuhl.org

Fax: 904-345-7193

Mail: Brooks Institute of Higher Learning
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

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:

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| Name: |
| Title: |
| Email: |
| Phone: |
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| Phone: |
| Relationship: |

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.