

Exercise Science and Community Health Student Internship Program Application

All applications and questions are to be electronically filled out and submitted to:
Internship Coordinator
ClinicalWellnessIntern@brooksrehab.org

Please include a **resume and unofficial transcript** with your application submission. Applications lacking a resume and transcript will be incomplete and will not be considered.

Potential Internship Period:

Semester

Year

Program(s) You Are Interested In (Check all that apply):

Adaptive Sports & Recreation

Brooks Clubhouse

Neuro Recovery Center/Wellness

Pediatric Recreation

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: _____

Semester Start Date: _____ Semester End Date: _____

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

1. Why do you want this internship and how will it benefit you?

2. Describe a situation where you lead a team. What role did you take? What went well and what did not?

3. What are your short term goals as it pertains to this internship?

4. List three of your professional strengths as well as three areas you would like to improve in.
