

## Recreational Therapy Student Internship Program Application

All App	lications are	e to be electronic submitted to:	ally filled	l out and		
Email: <u>Kelly.Devenny@Brooksrehab.org</u>						
Please incl submissior		and unofficial trans	script with	your application		
Student In	ternship Co	Kelly Devenny, R ordinator: <u>Kelly.I</u>				
Potential Internship Per	riod:					
Semester		Year				
Potential Internship Site	Specialty (Check	all that apphi):				
Inpatient Rehabilitat		Pediatric Adaptive Recrea	tion	Bartram Aging Services		
Name:						
Last		First		M.I		
D.O.B:		Pho	one Number	r:		
Email Address:						
Current Address:		Street Address				
	City	S	itate	Zip		



College Internship Coordinator Name:	School:	Expected Graduation Date:			
Phone Number: Fax: Email Address: Email Address: Please provide 3 references: Name: Title: Email: Phone: Relationship: Name: Title: Email: Phone: Relationship: Name: Title: Email: Phone: Relationship:	College Internship Coordinator Name:				
Phone Number: Fax: Email Address: Please provide 3 references: Name: Title: Email: Phone: Relationship: Name: Title: Email: Phone: Relationship: Name: Title: Email: Phone: Relationship:	Address:				
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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.