



ARLINGTON
VIRGINIA

Therapeutic Recreation Internship Application

Applicant Information

Name: _____

Current Address: _____

Permanent Address (if different from current address):

Primary Phone Number: _____

Secondary Phone Number: _____

Primary Email Address: _____

Secondary Email Address: _____

School Information

University/College Name: _____

University Intern Supervisor Name/Phone/Email:

City/State: _____

Department/Major/Minor/Concentration: _____

Current Major GPA: _____

Dates Attended: ___ / ___ / ___ to ___ / ___ / ___ Anticipated graduation date: _____

Internship Information

Dates for Internship: 14 Weeks - Full Summer (May 20th - Aug 25th)

*If you are interested in working in addition to the dates listed above, before or after, please list your availability: _____



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Experience

Please list what population(s) you have worked with:

Please list the settings you have experience in: (i.e. clinical, community):

Please list practical experiences, community activities and volunteer work you have participated in that is related to Therapeutic Recreation:

Please list which population(s) you are interested in working with during your Senior Internship:



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Please list your goals for your senior internship:

References

Please list two references. One must be an educational reference; the other one must be professional/volunteer reference. No personal references will be accepted.

Educational Reference

Name: _____

Relationship to Reference: _____

Company/School: _____

Daytime Phone: _____

Email Address: _____

Professional/Volunteer Reference

Name: _____

Relationship to Reference: _____

Company/School: _____

Daytime Phone: _____

Email Address: _____



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When do you plan to sit for the exam after graduation? _____

Do you have a current CPR/First Aid Certification? YES NO

Will you be available for an interview in-person in Arlington County? YES NO

If yes, when would you be available for an interview? _____

If you are not available for an in-person interview, we will do a Skype or FaceTime interview.

Please attach all agency agreement forms when submitting this application.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship position, I understand that false or misleading information in my application or interview may result in my release. I understand that I am applying for a community recreation internship, within the Parks and Recreation Department.

Signature: _____ Date: _____