



TRD INTERNSHIP APPLICATION

PERSONAL INFORMATION

Name: _____

DOB: _____

Current Address: _____

City, State, Zip: _____

Phone: _____ E-Mail Address: _____

Emergency Contact Name/Phone: _____

Relationship to Student: _____

Driver's License #: _____ State issued: _____

SCHOOL INFORMATION

College/University: _____ GPA: _____

College/University Address: _____

City, State, Zip: _____

Advisor Name: _____ Advisor Phone: _____

Advisor Email address: _____

CERTIFICATIONS (check all that apply)

First Aid Expiration Date: _____

CPR Expiration Date: _____

Other (list) Expiration Date: _____

Other (list) Expiration Date: _____

INTERNSHIP INFORMATION

Requested Internship: Fall 20____ Spring 20____

Are there any personal circumstances that may affect your internship responsibilities?

PERSONAL OBJECTIVES *(Attach responses to application if additional space is needed)*

1. List two short term goals:

2. List two long term goals:

3. What can you offer Rowan County's Therapeutic Recreation Division as a student intern?

4. Describe your skills/abilities in general and in the area of recreation/leisure? *(i.e. aquatics, health/fitness, outdoor adventure, performing arts, fine arts, sports, ...)*

5. Describe the type of experiences and knowledge areas are you seeking to complete during your internship.

ADDITIONAL COMMENTS

Applicant Signature: _____ Date: _____