

**ROWAN COUNTY PARKS & RECREATION
THERAPEUTIC RECREATION DIVISION**

PRACTICUM APPLICATION

PERSONAL INFORMATION

Name: _____ DOB: _____

Current Address: _____

City, State, Zip: _____

Phone: _____ E-Mail Address: _____

Emergency Contact Name/Phone: _____

Relationship to Student: _____

SCHOOL INFORMATION

College/University: _____

College/University Address: _____

City: _____ State: _____ Zip: _____

Advisor Name: _____ Advisor Phone: _____

Advisor's Email Address: _____

CERTIFICATIONS (check all that apply)

First Aid Expiration Date: _____

CPR Expiration Date: _____

Other (list) Expiration Date: _____

Other (list) Expiration Date: _____

PRACTICUM INFORMATION

Requested Practicum Semester: _____

Will you have access to a vehicle during your practicum? Yes No

List any specific college/university requirements needed for successful practicum completion, e.g., special project completion, class instruction, journal article submission,.... (If necessary, attach additional pages.)

Are there any personal considerations that may affect your practicum experience?

PERSONAL GROWTH (*Attach responses to application.*)

1. List at least two short term goals:

2. List at least two long term goals:

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

4. Describe your special abilities in the areas of recreation and 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 practicum.

ADDITIONAL COMMENTS

Applicant Signature: _____ Date: _____

PLEASE ATTACH YOUR RESUME TO THIS APPLICATION