SASC Therapeutic Recreation Internship Application

Student Name: Click or tap here to enter text.

College/University: Click or tap here to enter text.

Major:Click or tap here to enter text.

Estimated Graduation Date: Click or tap to enter a date.

School Address: Click or tap here to enter text.

Home Address: Click or tap here to enter text.

Preferred Phone Number: Click or tap here to enter text.

Preferred Email Address: Click or tap here to enter text.

Name of Internship Advisor/Coordinator: Click or tap here to enter text.

 Phone Number: Click or tap here to enter text.

 Email Address: Click or tap here to enter text.

*Please rate your abilities in the following activities on a 0-4 scale, please write a short explanation for your answer:*

*0- Never done and not interested*

*1- Never done and would like to learn*

*2- Done once or twice and was comfortable/successful*

*3 – Done many times but not an expert*

*4 – Do often and am confident in skills*

Kayaking in open water that is generally flat but has occasional waves and wakes: Choose an item.

Click or tap here to enter text.

Swimming in open water:

Choose an item.

Click or tap here to enter text.

Riding a cycle along a cycle path

Choose an item.

Click or tap here to enter text.

Riding a cycle in busy city environment

Choose an item.

Click or tap here to enter text.

Downhill skiing or snowboarding

Choose an item.

Click or tap here to enter text.

Recreational level court Sports (tennis, basketball, volleyball, pickleball)

Choose an item.

Click or tap here to enter text.

Ice skating and/or playing ice hockey

Choose an item.

Click or tap here to enter text.

Participating in fitness classes

Choose an item.

Click or tap here to enter text.

*Please complete the following questions in 2-3 sentences each*

What led you to choose Spaulding Adaptive Sports Centers as a possible internship sight? Click or tap here to enter text.

What do you hope to gain from this internship experience? Click or tap here to enter text.

Please describe any previous sports and recreation experience: Click or tap here to enter text.

Please describe any previous experience working with people with disabilities: Click or tap here to enter text.

Please send this application, a resume, a copy of your transcript and 2 signed letters of recommendation to:

Elizabeth Dahlen, CTRS

edahlen@partners.org

\*\*An affiliation agreement between the college/university and Spaulding Rehabilitation Network is required. Please contact if you require assistance with this piece\*\*