



# ACTIVITY Connection

Sports • Recreation • Social Programs

## Internship Application

For semester: \_\_\_\_\_  
(example: Fall 2019)

Proposed dates: \_\_\_\_\_  
(example: January-April 2019)

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Current Address (if different from above): \_\_\_\_\_

University/College: \_\_\_\_\_

Are you seeking to gain university credit for this internship? \_\_\_\_\_

If yes, how many hours do you need to complete? \_\_\_\_\_

Recreation/Allied Health Coursework, completed and current:

Course Title	Institution	Semester

**References (Please note that if accepted, you will need to submit 3 reference letters)**

Name	Relationship	Contact Information

**Why are you interested in this internship?**

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**What are your goals for your internship?**

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**Please submit all items below to**  
[cfoelsch@childrens-specialized.org](mailto:cfoelsch@childrens-specialized.org)

1. Completed application
2. A resume
3. A cover letter that you feel represents you well