



Recreational Therapy Internship Application

Site Preferred: ___ Mountainside ___ New Brusnwick ___ Toms River ___ Any Available

For Internship Session: _____ (ex: Fall 2012)

Name: _____ Date of Application: _____

Home Address: _____

City, State, Zip: _____ Phone: _____

Current Address: _____

City, State, Zip: _____

University/College: _____ Current GPA: _____

Advisor Name: _____ Phone: _____

Allied Health/Recreational Therapy Related Coursework, completed and current:

Course Title	Institution	Semester



Children's
Specialized Hospital

Location of Junior Fieldwork:

Supervisor Name: _____ Phone: _____

Please list hours of experience working with children, in either healthcare or non-healthcare settings:

Setting	Hours

References:

Name	Relationship	Contact Information

Why did you choose to go into the field of Therapeutic Recreation/Recreational Therapy?

What are your goals for an internship?

Please forward this application with your resume and cover letter to the contact information listed on our website under Recreational Therapy Internships.

1-888-CHILDREN (244-5373) www.childrens-specialized.org