



# Program Internship Application

Thank you for your interest in working with the Sportable. We look forward to working with you as we fulfill our mission of creating opportunities and transforming lives for people with physical disabilities through sports. To apply, please complete the information below, and include a resume and cover letter to your submission.

I am applying for an internship in:      *Therapeutic Recreation*      *General Recreation*

## 1. Personal Information

<b>Last Name:</b>	<b>First Name:</b>	<b>M.I.:</b>
<b>Home Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Cell Phone:</b>	<b>Home Phone:</b>	
<b>E-mail Address:</b>		
<b>Date of Birth:</b>		
<b>Driver's License Number:</b>	<b>State:</b>	

I understand that by signing this form, I am giving permission for Sportable to conduct a Criminal Background Check and Driver's Record Check on me. I understand that this information will not be processed until (and only if) an official offer to join Sportable as an intern has been made.

Signature: \_\_\_\_\_

## 2. Education

<b>College:</b>	<b>Graduation Year:</b>
<b>School Address (if different from above):</b>	
<b>City:</b>	<b>State:</b> <b>Zip:</b>
<b>School Phone (if different from above):</b>	
<b>Field of Study/Major:</b>	
<b>Minor:</b>	

## 3. Employment (please list your current or most recent place of employment)

<b>Employer:</b>	<b>Work Phone:</b>
<b>Address:</b>	
<b>City:</b>	<b>State:</b> <b>Zip:</b>
<b>Job Title:</b>	<b>Hours per Week:</b>

## 4. Related Volunteer or Work Experience (Attach Additional Sheet if Necessary)

<b>Organization/Agency:</b>	<b>Phone:</b>
<b>Address:</b>	
<b>City:</b>	<b>State:</b> <b>Zip:</b>
<b>Summarize Work Duties:</b>	

**✓ Please rate your experience level with the following areas of service or skills:  
0 – none; 1 – Novice; 2 – Some; 3 – Average; 4- very experienced**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Air Rifle                | <input type="checkbox"/> Power Soccer           | <input type="checkbox"/> Customer Service       |
| <input type="checkbox"/> Archery                  | <input type="checkbox"/> Rowing                 | <input type="checkbox"/> Database Management    |
| <input type="checkbox"/> Biking/Adaptive Cycling  | <input type="checkbox"/> Swimming               | <input type="checkbox"/> Public Speaking        |
| <input type="checkbox"/> Bicycle Maintenance      | <input type="checkbox"/> Tennis                 | <input type="checkbox"/> Group Management       |
| <input type="checkbox"/> Basketball/WC Basketball | <input type="checkbox"/> WC Racing              | <input type="checkbox"/> Driving Large Vehicles |
| <input type="checkbox"/> Kayaking                 | <input type="checkbox"/> Road Racing            | <input type="checkbox"/> Equipment Maintenance  |
| <input type="checkbox"/> Lacrosse/WC Lacrosse     | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Disability Awareness   |

Please explain or expand on your experience and add any additional experience not listed.

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**✓ Certifications**

I have the following certifications:

- |              |     |    |                       |                |
|--------------|-----|----|-----------------------|----------------|
| CPR          | Yes | No | Date Certified: _____ | Expires: _____ |
| First Aid    | Yes | No | Date Certified: _____ | Expires: _____ |
| WFR          | Yes | No | Date Certified: _____ | Expires: _____ |
| Lifeguard    | Yes | No | Date Certified: _____ | Expires: _____ |
| CTRS         | Yes | No | Date Certified: _____ | Expires: _____ |
| Other: _____ |     |    | Date Certified: _____ | Expires: _____ |

**✓ Program Leadership Experience**

List all of the activities that you have co-lead or lead yourself. Prioritize programs which Sportable offers using the list above, or any relevant activities that you have experience leading or co-leading.

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**✓ Disability Related Programs**

Please expand on your experience with children and/or adults with physical disabilities. Related experience can be as a result of volunteer, job, or personal knowledge. Please include specific disabilities with which you have experience working, such as SCI, TBI, CP, MS, etc.

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**Comments and Questions:** Please include any additional questions you have for Sportable.

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