

Shirley Ryan AbilityLab Internship Application
Adaptive Sports and Fitness Program and Clinical Inpatient Therapeutic Recreation

NAME: _____ COLLEGE/UNIVERSITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ YEAR IN SCHOOL: _____

MAJOR: _____ MINOR: _____

PRIMARY EMAIL: _____

HOME ADDRESS (if different than above): _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ SECONDARY EMAIL: _____

APPLYING FOR INTERNSHIP WITH: (CHOOSE ONE)

FITNESS CENTER

SPORTS PROGRAM

CARING FOR KIDS

CLINICAL THERAPEUTIC RECREATION

Please fill out only if internship is required for school credit.

STUDENT ADVISOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

DURING INTERNSHIP:

WILL YOU HAVE YOUR OWN VEHICLE? YES NO

WILL YOU HAVE INSURANCE COVERAGE? YES NO

DOES YOUR SCHOOL CURRENTLY HAVE A CONTRACT WITH SHIRLEY RYAN ABILITYLAB? YES NO

SEMESTER AVAILABLE: FALL SPRING SUMMER

DATES AVAILABLE FOR INTERNSHIP:

FIRST CHOICE: BEGINNING: ____/____/____ ENDING ____/____/____

SECOND CHOICE: BEGINNING ____/____/____ ENDING ____/____/____

NOTE: Due to the demand for internship placements, we may not be able to honor your first request.

PREVIOUS EXPERIENCE WITH SPORTS, FITNESS, OR CLINICAL THERAPEUTIC RECREATION:

PREVIOUS EXPERIENCE WITH PEOPLE WITH DISABILITIES:

GOAL OF INTERNSHIP:

**If you need additional space for the above questions, please use text field on next page.*

DEADLINES FOR APPLICATION: FALL: JUNE 1 SPRING: OCTOBER 1 SUMMER: MARCH 1

Submit Completed Application and Resume to:

FOR FITNESS

Keith Kowalski

KKOWALSKI@SRALAB.ORG

FOR SPORTS PROGRAM

Aimee Gottlieb

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FOR CARING FOR KIDS PROGRAM

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FOR CLINICAL THERAPEUTIC RECREATION

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