



Special Needs Program Internship Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact: _____ Phone: _____

College/University: _____

Major: _____ Area of Study: _____ Graduation Date: _____

Recreation Department Address: _____

City: _____ State: _____ Zip: _____

Internship Advisor: _____ Phone: _____

Internship Season (circle one): Winter/Spring Summer Fall

Desired start date of internship: _____ End date: _____

List any special training, ability and/or experience you feel would contribute to the Therapeutic Recreation internship program.

List at least five goals you wish to accomplish during your internship.

Please indicate which programs/classes/activities you can proficiently teach at a beginning level:

- | | |
|--|---|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Aquatics |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Outdoor Recreation |
| <input type="checkbox"/> Performing Arts/Fine Arts | |

Please list the types of disabilities which you have experience:

List the areas and/or disabilities where you would like to develop additional skills:

Please list all current certifications and/or affiliations:

Please return to:

Denver Parks and Recreation or Fax to: 720.865.0821 or email to: snpctrs@ci.denver.co.us
Special Needs Program
1849 Emerson St.
Denver, CO 80218