

**CRAIG HOSPITAL
APPLICATION FOR THERAPEUTIC RECREATION INTERNSHIP**

Name: _____

Dates of Requested Internship: _____

Phone: _____

Email: _____

University Attending: _____

University Advisor: _____

Phone: _____

Advisors Email: _____

University Mailing Address: _____

Address during Internship: _____

Emergency Contact: _____

Relationship: _____

Phone: _____

Have you had a background check by the University? _____

Has the University agreed to cover worker's compensation insurance? _____

Contact your University's Risk Management office for this information.

Can you provide proof of a negative TB test completed within one year of the completion of your internship? _____

Academic Background:

Undergraduate University or College: _____

Major: _____

Minor: _____

Please list completed coursework you feel would assist you in an internship at Craig Hospital:

Describe clinical and community experience you feel would be relevant to an internship at Craig Hospital. (i.e. arts & crafts, outdoor recreation, horticulture, wheelchair/sports)

List client/patient populations you have worked with and any special skills you feel would fit this experience.

Please attach a brief narrative stating why you are interested in this setting, your goals for this internship, what skills you have developed that you are most proud of, and what areas of your skills you want to improve upon.

Please submit all application materials together. Applications **will only be considered** upon receipt of the following:

1. Completed application
2. Resume
3. Completed narrative (as noted above)
4. 3 letters of reference (as noted below)
5. Transcripts from undergraduate/graduate level coursework.

Please include 3 letters of reference from University professors, advisors, or supervisors. Please ask them to include your strengths and weaknesses. These letters should be submitted with application materials to:

Lori Womeldorff
3425 South Clarkson St.
Englewood, CO 80113
lwomeldorff@craighospital.org

Brenda Bertrand
3425 South Clarkson St.
Englewood, CO 80113
bbertrand@craighospital.org