

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

