



Spain Rehabilitation Center Therapeutic Recreation Internship Application

Applicant Information

Applicant Name: _____

Preferred Semester for Internship: _____

Applicant Contact Information: _____

- Phone: _____
- Email: _____

Academic Information

College/University: _____

Major/Minor: _____

Graduation Year: _____

Please answer these short answer questions below

1. Describe any clinical and/or community experience that you have that you feel you can use during your internship at Spain Rehab.

2. List any patient populations that you have experience working with and how you feel that has prepared you for this setting?

3. Of all the Recreational Therapy classes you have taken, which do you feel most prepared you for this internship and why?

4. What do you hope to gain from this internship?