

Fox Valley Special Recreation Association
2121 W. Indian Trail
Aurora, IL 60506
(630) 907-1114
FAX (630) 907-1116

Therapeutic Recreation Internship Application

Personal Information Section

Date: _____

Name: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Social Security #: _____

College/University: _____

Major: _____

When do you expect to graduate? _____

Length of internship required by the college/university? _____

Available internship start date: _____

Preferred ending date: _____

Name of college/university Internship Advisor: _____

Phone: _____

Will you have access to a vehicle? _____ Yes _____ No

Will you need assistance in locating housing? _____ Yes _____ No

(Over)

34 Essay Question Section (attach additional pages if necessary)

What are your expectations of a Therapeutic Recreation Internship with FVSRA?

Provide a statement of your career objective:

Please summarize your work/volunteer experience with individuals with a disability:

Please list the name and phone numbers of 3 professional references:

1. _____

2. _____

3. _____

For consideration as a candidate for a Therapeutic Recreation internship Fox Valley Special Recreation Association please submit this completed application along with your resume. Interviews will be completed once this application is reviewed by the agency Internship Supervisor.

**THANK YOU FOR YOUR INTEREST IN
FOX VALLEY SPECIAL RECREATION ASSOCIATION!**

