

**Mt. Washington Pediatric Hospital  
Therapeutic Recreation Program Internship Application**

For Internship Session: \_\_\_\_\_

**Personal Information**

_____		_____		_____			
Last Name	First Name	(M.I.)					
_____		_____		_____			
Present Phone		Permanent Phone		Email Address			
_____				_____			
Present Address				Permanent Address			
_____		_____		_____			
City	State/Province	Zip Code	Country	City	State/Province	Zip Code	Country

**Emergency Contact**

In case of emergency, notify:

_____		_____		_____			
Name		Relationship		Address			
_____		_____		_____		_____	
Home Phone		Work Phone		City	State/Province	Zip Code	Country

**Academic Information**

Please list ALL colleges and universities attended: \*

1. \_\_\_\_\_

College/University Name		City, State/Province				
_____		_____		_____		
TO						
Dates Attended	(mm/year)	Graduation Date	(mm/year)	Major		
		(include anticipated as well as official)				
<u>Level:</u>	Bachelorø	Masterø	_____		_____	
		<i>Check one of the above</i>		GPA Cum	GPA in Major	

2. \_\_\_\_\_

College/University Name		City, State/Province				
_____		_____		_____		
_____		_____		_____		
TO						
Dates Attended	(mm/year)	Graduation Date	(mm/year)	Major		
		(include anticipated as well as official)				
<u>Level:</u>	Bachelorø	Masterø	_____		_____	
		<i>Check one of the above</i>		GPA Cum	GPA in Major	

**\*Note: If additional space is necessary to complete the list of ALL colleges and universities attended, please go to page 6 of this form.**

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<b>Experience with Children in Healthcare or Community Settings</b>
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1. \_\_\_\_\_  
Institution Position Title (e.g. volunteer, practicum student)

\_\_\_\_\_ Supervisor's Name and Credentials Supervisor's Title May we contact?  
Yes No

\_\_\_\_\_ TO \_\_\_\_\_  
Dates (mm/year to mm/year) Hours/ Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx 100 word limit)

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2. \_\_\_\_\_  
Institution Position Title (e.g. volunteer, practicum student)

\_\_\_\_\_ Supervisor's Name and Credentials Supervisor's Title May we contact?  
Yes No

\_\_\_\_\_ TO \_\_\_\_\_  
Dates (mm/year to mm/year) Hours/ Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx 100 word limit)

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3. \_\_\_\_\_  
Institution Position Title (e.g. volunteer, practicum student)

\_\_\_\_\_ Supervisor's Name and Credentials Supervisor's Title May we contact?  
Yes No

\_\_\_\_\_ TO \_\_\_\_\_  
Dates (mm/year to mm/year) Hours/ Week # of Weeks Total Hours Completed Supervisor's Phone

Briefly describe population and responsibilities: (approx 100 word limit)

**Note: If additional space is necessary to complete this list, please go to page 6 of this form.**



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**Essay Questions**

**Please answer the following questions:**

**How did you first become interested in or aware of Therapeutic Recreation? (Approx. 200 words)**

**What have you done to increase your knowledge/awareness of this profession? (Approx. 200 words)**

**Briefly describe the ways in which the work of a CTRS contributes to the improved wellness and quality of life of children and adolescents. (Approx. 200 words)**

**Describe a specific event where an intervention you provided positively impacted the life of that child. (approx. 200 words)**

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**Application Checklist Review**

Completed and Signed Application Form

College/University Transcripts (if applicable, include both undergraduate and graduate)

Reference Letters\*\*

Resume/Curriculum Vitae

Attachment of additional application materials as required by each program

**I attest that the information in this application is true and accurate to the best of my knowledge.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***REMINDER:* Applicants must check with EACH internship program to verify that internship eligibility requirements are met and to determine whether additional items are required to be submitted with this application form.**

Examples of additional requirements that MAY be required include, but are not limited to:

- A completed background check form
- Completion of additional essay questions or exercises
- Official documentation of volunteer hours
- \*\*specific number and type of reference letters

***SUBMITTING YOUR APPLICATION:***

Completed applications should be mailed *directly* to the internship programs to which you are applying. **DO NOT MAIL YOUR APPLICATION TO THE CHILD LIFE COUNCIL OFFICE.** Please contact individual programs for their direct mailing information.

