



## Special Needs Program Internship Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

College/University: \_\_\_\_\_

Major: \_\_\_\_\_ Area of Study: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Recreation Department Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Internship Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Internship Season (circle one):      Winter/Spring                  Summer                  Fall

Desired start date of internship: \_\_\_\_\_ End date: \_\_\_\_\_

List any special training, ability and/or experience you feel would contribute to the Therapeutic Recreation internship program.

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List at least five goals you wish to accomplish during your internship.

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Please indicate which programs/classes/activities you can proficiently teach at a beginning level:

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|--|---|
| <input type="checkbox"/> Athletics                 | <input type="checkbox"/> Aquatics           |
| <input type="checkbox"/> Fitness                   | <input type="checkbox"/> Outdoor Recreation |
| <input type="checkbox"/> Performing Arts/Fine Arts |   |

Please list the types of disabilities which you have experience:

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List the areas and/or disabilities where you would like to develop additional skills:

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Please list all current certifications and/or affiliations:

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**Please return to:**  
Denver Parks and Recreation  
Special Needs Program  
Attn: Matt Miller  
1849 Emerson St.  
Denver, CO 80218

Fax : 720.865.0821  
email: [snpctrs@ci.denver.co.us](mailto:snpctrs@ci.denver.co.us)