

M CPRD Therapeutic Recreation Section Internship Application



Mecklenburg County
Park and Recreation
*The Natural Place
To Be...*
www.parkandrec.com

Office Use Only

Date Received: _____

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Please indicate your availability for internship placement:

First Choice: _____ Second Choice: _____ Third Choice: _____

Contact Information

Permanent Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ ZIP Code: _____

Present Telephone: _____ E-mail Address: _____

In Case of Emergency Notify: _____

Relationship: _____ Telephone(s): _____

Address: _____ City: _____ State: _____ ZIP: _____

Education Information

Current College/University: _____

Internship Advisor: _____ Telephone: _____

Major: _____

Degree seeking: _____ Expected date of graduation: _____

*Please complete prior education information only if
a program was completed and a degree was attained*

Prior College/University: _____

Major: _____

Degree Earned: _____ Date Degree was Awarded: _____

Volunteer / Non-Paid Experience with People with Disabilities

1. Institution/Agency/Organization: _____

Position: _____ Dates: From: _____ To: _____

Clients' ages and diagnoses: _____

General duties:

2. Institution/Agency/Organization: _____

Position: _____ Dates: From: _____ To: _____

Clients' ages and diagnoses: _____

General duties:

Field Work / Practicum Experiences with People with Disabilities:

1. Institution/Agency/Organization: _____

Position: _____ Dates: From: _____ To: _____

Clients' ages and diagnoses: _____

General duties:

2. Institution/Agency/Organization: _____

Position: _____ Dates: From: _____ To: _____

Clients' ages and diagnoses: _____

General duties:

Paid Experiences with People with Disabilities

1. Institution/Agency/Organization: _____

Position: _____ Dates: From: _____ To: _____

Clients' ages and diagnoses: _____

General duties:

2. Institution/Agency/Organization: _____

Position: _____ Dates: From: _____ To: _____

Clients' ages and diagnoses: _____

General duties:

List any talents, skills, or knowledge you have that would be beneficial during your internship:

Professional Organizations to which You Belong

1. _____

2. _____

Please Answer the Following Questions in the Space Provided

1. What is your personal philosophy of inclusion? Are there any circumstances where inclusion is not appropriate? Why or why not?

2. Describe an incident where you experienced or witnessed a participant with a disruptive behavior. What techniques were effective in managing the behavior? What could have been done differently to better manage the situation?

3. It has been identified that there is a need in the community for a fitness and nutrition program for young adults with disabilities. Your target population consists of males and females, ages 21-25 years, who have been cleared by a physician to participate in moderate exercise. Create a plan for this program including the following components: program name, 3-4 sentence description, frequency and duration of meetings, program goals and objectives, and a sample outline for one program session.

4. What are your long-term career goals?

A.

B.

Interview Availability

In the space below, please indicate your availability for completing an on-site interview.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Please return completed application packet to:

Marion Diehl Center
Attn: Therapeutic Recreation Internship Committee
2219 Tyvola Rd.
Charlotte, NC 28210