

Western State Hospital
Therapeutic Recreation
INTERNSHIP APPLICATION FORM

Name: _____ Date: _____

Mailing Address: _____

Email Address: _____

Phone: _____

School Attending: _____

Internship Dates: _____

On Campus Housing? Yes No

1. Work experience utilizing therapeutic recreation areas: (length of time, ages, type of population, etc.)

2. Areas of strength regarding therapeutic recreation and group process:

3. Areas in need of development regarding therapeutic recreation and group process:

4. Please check any of the following programs you can lead/instruct:

- | | | |
|--|--|---|
| <input type="checkbox"/> Team Sports | <input type="checkbox"/> Leisure Education | <input type="checkbox"/> Physical Fitness |
| <input type="checkbox"/> Outings | <input type="checkbox"/> Table Games | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Outdoor Leisure | <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Creative Arts |
| <input type="checkbox"/> Ropes/Initiatives | <input type="checkbox"/> Other: _____ | |

5. Do you have any experience planning large group activities? Describe.

6. Personal strengths and challenges:

7. What is your reason for desiring an internship at WSH?

8. What facets of therapeutic recreation interest you the most? Describe.

9. What facets of therapeutic recreation interest you the least? Describe.

Please submit this questionnaire with 1) your resume, 2) your TR internship goals.