



Childhood Injury Prevention Internship Application

For semester: _____
 (example: Fall 2019)

Proposed dates: _____
 (example: January-April 2019)

Email Address: _____

Home Address: _____

Phone Number: _____

Emergency Contact/Relationship: _____

Emergency Contact Phone: _____

Current Address (if different from above): _____

University/College: _____

Are you seeking to gain university credit for this internship? _____

If yes, how many hours do you need to complete? _____

Recreation/Allied Health Coursework, completed and current:

Course Title	Institution	Semester

References (Please note that if accepted, you will need to submit 3 reference letters)

Name	Relationship	Contact Information

Why are you interested in this internship?

What are your goals for your internship?

Please submit all items below to
cfoelsch@childrens-specialized.org

1. Completed application
2. A resume
3. A cover letter that you feel represents you well