

**APPLICATION FOR INTERNSHIP
RECREATION THERAPY AND CREATIVE ARTS THERAPY SERVICE
VA PALO ALTO HEALTH CARE SYSTEM
PALO ALTO, CA 94304**

In addition to your resume, cover letter, letters of recommendation (x2), and transcript, please provide us with the following additional information.

Full Name: _____ **Date:** _____

Social Security#: _____ **Date and City of Birth:** _____

Place of Birth *city, state (or city, country, if born outside of the USA):* _____

Address (Perm): _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Name of Person to be notified in an Emergency:

Relationship: _____

Contact Number(s): _____

Name, Email, Address, fax number and phone number of academic internship supervisor:

How many hours of practicum have you completed and in what areas?

AREA OF STUDY/INTEREST: please number in order of interest 1=first choice and 5=last choice

___ Long Term/Extended Care

- Community Living Center
- Gero-Psychiatry

___ Mental Health

- Inpatient psychiatry
- Domiciliary Programs (residential and outpatient)
- Substance abuse (residential and outpatient)
- Mental Health Intensive Case Management (outpatient)

___ Polytrauma (Brain injury)

- Inpatient, transitional and outpatient programs

RTCATS Internal Memorandum #19 Attachment A: Application for Internship

___Rehab/Facilities

- Outpatient fitness clinic/aquatics
- Spinal Cord Injury
- Blind Rehabilitation Program

INTERNSHIP SEMESTER (proposed dates needed):

_____ Fall _____ Spring _____ Summer _____ Winter

Please answer questions, typed and on a separate attached sheet of paper.

1. What do you expect to learn from this internship?
2. List any therapy skill areas you would like to improve.
3. Identify your strengths or any special skills that could be utilized for this internship.
4. What facets of recreation therapy interest you the most and least?

Please send Internship Proposal to:

Lindsay Conner, CTRS, MS
VA Palo Alto Health Care System
3801 Miranda Avenue (11K/PAD)
Palo Alto, CA 94304

Any questions/concerns should be directed to: Lindsay Conner (650) 493-5000 #1 x62931
or 650-248-0376.