



FAR Therapeutic Arts and Recreation

Internship Application: Art Therapy Music Therapy Recreation Therapy

Name: _____ Birth date: __/__/__

Current Address: _____ City: _____ ZIP: _____

Permanent Address: _____ City: _____ ZIP: _____

Primary Phone (____) _____ (H W C) Secondary Phone: (____) _____ (H W C)

Driver's License No. _____ (Must be provided for required criminal records search)

College/University: _____ Graduation Date: __/__/__

School Address: _____ City: _____ ZIP: _____

Clinical/Academic Supervisor: _____ Email: _____

Primary Phone (____) _____ (O C) Secondary Phone: (____) _____ (O C)

How did you learn about FAR? _____

What experience do you have working with individuals with special needs? _____

Please list three personal goals for this internship experience:

1. _____
2. _____
3. _____

Why did you choose this profession as your college major? _____

List any special skills, hobbies or interests that would enhance your internship experience at FAR:

Briefly describe your therapeutic philosophy:

I acknowledge the fact that a criminal records search will be performed by FAR Therapeutic Arts and Recreation as part of the intern application process. I further acknowledge that upon acceptance as an intern, a drug screen will also be required.

Signature

Date

Please submit this application, resume and letter or professional recommendation to the FAR office by mail, fax or email. Contact information below.

(For Office Use Only)

Interviewer notes / comments:

Interviewed by: _____

Date: ___/___/___

Federal check complete ___ Federal check satisfactory ___ Drug screen ordered ___ Drug screen passed ___