Shirley Ryan AbilityLab Internship Application
Adaptive Sports and Fitness Program and Clinical Inpatient Therapeutic Recreation

NAME: _____ **COLLEGE/UNIVERSITY**: _____

ADDRESS: _____

CITY: _____ **STATE**: _____ **ZIP**: _____

CELL PHONE: _____ **YEAR IN SCHOOL**: _____

MAJOR: _____ **MINOR**: _____

PRIMARY EMAIL: _____

HOME ADDRESS (*if different than above*): _____

CITY: _____ **STATE**: _____ **ZIP**: _____

HOME PHONE: _____ **SECONDARY EMAIL**: _____

APPLYING FOR INTERNSHIP WITH: (CHOOSE ONE)

FITNESS CENTER **SPORTS PROGRAM** **CARING FOR KIDS** **CLINICAL THERAPEUTIC RECREATION**

Please fill out only if internship is required for school credit.

STUDENT ADVISOR: _____

ADDRESS: _____

CITY: _____ **STATE**: _____ **ZIP**: _____

PHONE: _____ **FAX**: _____

EMAIL: _____

DURING INTERNSHIP:

WILL YOU HAVE YOUR OWN VEHICLE? **YES** **NO**

WILL YOU HAVE INSURANCE COVERAGE? **YES** **NO**

DOES YOUR SCHOOL CURRENTLY HAVE A CONTRACT WITH SHIRLEY RYAN ABILITYLAB? **YES** **NO**

SEMESTER AVAILABLE: **FALL** **SPRING** **SUMMER**

DATES AVAILABLE FOR INTERNSHIP:

FIRST CHOICE: BEGINNING: _____/_____/_____ **ENDING** _____/_____/_____

SECOND CHOICE: BEGINNING _____/_____/_____ **ENDING** _____/_____/_____

NOTE: ***Due to the demand for internship placements, we may not be able to honor your first request.***

PREVIOUS EXPERIENCE WITH SPORTS, FITNESS, OR CLINICAL THERAPEUTIC RECREATION:

PREVIOUS EXPERIENCE WITH PEOPLE WITH DISABILITIES:

GOAL OF INTERNSHIP:

If you need additional space for the above questions, please use text field on next page.

DEADLINES FOR APPLICATION: **FALL: JUNE 1** **SPRING: OCTOBER 1** **SUMMER: MARCH 1**

Submit Completed Application and Resume to:

FOR FITNESS
Keith Kowalski
KKOWALSKI@SRALAB.ORG

FOR SPORTS PROGRAM
Aimee Gottlieb
AGOTTLIEB@SRALAB.ORG

FOR CARING FOR KIDS PROGRAM
Ashley Gruenwald
AGRUENWALD@SRALAB.ORG

FOR CLINICAL THERAPEUTIC RECREATION
Mike Wehner
MWHENER@SRALAB.ORG

Questions: Sports/Fitness Phone: (312) 238-5001/Email: sports@sralab.org **OR** Clinical Therapeutic Recreation: Phone (312) 238-3979/Email: mwehner@sralab.org

Use this page for your extended responses