

**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](mailto:KKOWALSKI@SRALAB.ORG)

**FOR SPORTS PROGRAM**

Aimee Gottlieb  
[AGOTTLIEB@SRALAB.ORG](mailto:AGOTTLIEB@SRALAB.ORG)

**FOR CARING FOR KIDS PROGRAM**

Ashley Gruenwald  
[AGRUENWALD@SRALAB.ORG](mailto:AGRUENWALD@SRALAB.ORG)

**FOR CLINICAL THERAPEUTIC RECREATION**

Mike Wehner  
[MWEHNER@SRALAB.ORG](mailto:MWEHNER@SRALAB.ORG)

