

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

