



## Childhood Injury Prevention Internship Application

**For semester:** \_\_\_\_\_  
 (example: Fall 2021)

**Proposed dates:** \_\_\_\_\_  
 (example: Sept.-Dec. 2021)

**Email Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Emergency Contact/Relationship:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

**Current Address (if different from above):** \_\_\_\_\_

**University/College:** \_\_\_\_\_

**Are you seeking to gain university credit for this internship?** \_\_\_\_\_

**If yes, how many hours do you need to complete?** \_\_\_\_\_

**Recreation/Allied Health Coursework, completed and current:**

| Course Title | Institution | Semester |
|--------------|-------------|----------|
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**References (Please note that if accepted, you will need to submit 3 reference letters)**

| Name | Relationship | Contact Information |
|------|--------------|---------------------|
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**Why are you interested in this internship?**

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**What are your goals for your internship?**

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**Please submit all items below to**  
[cfoelsch@childrens-specialized.org](mailto:cfoelsch@childrens-specialized.org)

1. Completed application
2. A resume
3. A cover letter that you feel represents you well