



Sharon Towers

The Presbyterian Home at Charlotte
5100 Sharon Road • Charlotte, NC 28210

Recreational Therapy Internship Application

Name: _____ Date: _____

Current address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Permanent address: _____
(if different from current)

City: _____ State: _____ Zip: _____

Email: _____

Academic Background:

University or College: _____

Name of Academic Internship Advisor: _____

Phone: _____ Email: _____

If In-State: NC License # of Academic Internship Advisor: _____

In and Out of State: NCTRC # of Academic Internship Advisor: _____

Expected Graduation Date: _____ Current Overall GPA: _____

Dates available for Internship Begin: ____ / ____ / ____ End: ____ / ____ / ____

Minimum number of internship hours required by your University: _____

Does your University currently have a contract with Sharon Towers? _____



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Please list completed coursework you feel would assist in an internship at Sharon Towers.

Describe any clinical or community volunteer / practicum experience you feel would be relevant to an internship at Sharon Towers.



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Please list client / patient populations you have worked with and any special skills or certifications you have that would enhance your ability in this internship experience.

Please provide a brief narrative to the application stating why you are interested in this setting, potential goals for this internship, what skills you have developed that would benefit you for this internship, and what areas of your skills you want to improve upon.



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I give Sharon Towers the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant _____ Date _____

Please send completed application and other requested materials by:

Email: ebyrd@sharontowers.org

or

Mail To:

Sharon Towers

Attn. Elizabeth S. Byrd, LRT/CTRS

Director of Resident Well Being

Vitality & Well Being Department

Charlotte, NC 28210