



Therapeutic Recreation Internship Application

Thank you for your interest in working with the Outdoors for All Foundation. We look forward to working with you as we fulfill our mission of improving the quality of life for children and adults with disabilities. Please help us by completing the information below. Please attach a resume as well.

1. Personal Information

Last Name:	First Name:	M.I.:
Home Address:		
City:	State:	Zip:
Home Phone:	Additional Phone:	
E-mail Address:		
Date of Birth:		
Driver's License Number:	State:	

I understand that by signing this form, I am giving permission for Outdoors for All, a nonprofit organization, to request Criminal History information and Child/Adult Abuse Information Act from the Washington State Patrol Identification & Criminal History Section in accordance with RCW 43.43.830 through 43.43.845

Signature: _____

Driving record reports may be obtained as part of our evaluation of driving on events or other business. The reports may be procured by Acordia, our insurance agent. By signing this disclosure, I hereby authorize the procurement of such reports and additional reports about me as it deems appropriate.

Signature: _____

2. Education

College:		
School Address (if different from above):		
City:	State:	Zip:
School Phone (if different from above):		
Field of Study/Major:		
Minor:		
Advisor:	Advisor's Phone:	
Course Name/Course Code associated with Internship:		

3. Employment (please list your current or most recent place of employment)

Employer:	Work Phone:
Address:	
City:	State: Zip:
Job Title:	Hours per Week:

4. Certifications (please list your current or most recent place of employment)

I have the following certifications:

CPR	Yes	No	Date Certified: _____	Expires: _____
First Aid	Yes	No	Date Certified: _____	Expires: _____
Belay Certification	Yes	No	Date Certified: _____	Given by: _____
WFR	Yes	No	Date Certified: _____	Expires: _____
Lifeguard Certified	Yes	No	Date Certified: _____	Expires: _____
Other: _____			Date Certified: _____	Expires: _____

5. Related Volunteer or Work Experience (Attach Additional Sheet if Necessary)

Organization/Agency: _____ **Time Volunteered for:** _____
Experience/ Job Tasks: _____

Organization/Agency: _____ **Time Volunteered for:** _____
Experience/ Job Tasks: _____

✓ **Please rate your experience level with any special skills or services:**

0 – none; 1 – Novice; 2 – Some; 3 – Average; 4- very experienced

- | | | |
|--|---|--|
| <input type="checkbox"/> Bicycle Maintenance | <input type="checkbox"/> Bicycling | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Belaying | <input type="checkbox"/> Adaptive Cycles | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Setting Climb Anchors | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Downhill Skiing |
| <input type="checkbox"/> Challenge Course Experience | <input type="checkbox"/> Hiking | <input type="checkbox"/> Downhill Snowboarding |
| <input type="checkbox"/> Initiative Game Leading | <input type="checkbox"/> X-Country Skiing | <input type="checkbox"/> Driving a Passenger Van |

Please explain or expand on your experience and add any additional experience not listed.

✓ **Outdoor Leader**

List all of the activities that you have co-lead or lead yourself - Kayaking, Rock Climbing, Hiking, Camping, Horseback riding - any relevant activities that you have experience planning, managing, or coordinating.

✓ **Disability Related Programs**

Please expand on your experience with children and/or adults with disabilities. Related experience can be as a result of volunteer, job, or personal knowledge, list specific disabilities when able. (Note: If you have already described your experience working with children under Section #3 there is no need to repeat).

Comments and Questions

Please include any additional comments or questions you have for the Outdoors for All.

