



Internship Application (Instructions for Completing the Application)

1. Please type and complete the application thoroughly, including essay requirement.
2. Internship Application submitted must have official signatures from applicant, faculty advisor or department internship coordinator.
3. Attach your cover letter, resume, transcript(s), essay, certification of class standing, and a copy of passing score on the Graduate exit exam, immunization records (Hepatitis B& C, T.B. skin test, Affiliation Agreement and University Liability Insurance). These components may be mailed in separately if you choose. **Note:** Students will not be approved to participate in SPAR Internship Program until all required documents mentioned above are submitted and verified.

Attn: Germaine Williams
Superintendent of Therapeutic Recreation and Internship Facilitator
SPAR
7401 Jewella Avenue
Shreveport LA, 71108
(318) 673-7873
germaine.williams@shreveportla.gov
Website: www.myspar.org

2B. COMPUTER AND TECHNICAL SKILLS Please list all software packages, programming languages, laboratory techniques and any other technical skill that you have developed:

3. LANGUAGE SKILLS On a scale of 1 to 5 with one= limited and five= fully proficient, please rate your language skills in:

English:	Listening ____	Speaking ____	Reading ____	Writing ____
Spanish:	Listening ____	Speaking ____	Reading ____	Writing ____
French:	Listening ____	Speaking ____	Reading ____	Writing ____
Other:	_____			
	Listening ____	Speaking ____	Reading ____	Writing ____

4. ACADEMIC ACHIEVEMENTS, HONORS, SCHOLARSHIPS and AWARDS

5. EXTRA CURRICULAR ACTIVITIES (College/University-based)

<u>Name of Organization</u>	<u>Dates</u>	<u>Position/Responsibilities</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. COMMUNITY / CIVIC INVOLVEMENT

<u>Name of Organization</u>	<u>Dates</u>	<u>Position/Responsibilities</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY (Most recent first, include volunteer positions)

Name and Address of Employer:

Name of Immediate supervisor: _____ Phone #: _____

Title of Position: _____ Dates of Position: _____

Description of Work (specific duties, responsibilities and accomplishments):

Name and Address of Employer:

Name of Immediate Supervisor: _____ Phone #: _____

Title of Position: _____ Dates of Position: _____

Description of Work (specific duties, responsibilities and accomplishments):

Name and Address of Employer:

Name of Immediate Supervisor: _____ Phone #: _____

Title of Position: _____ Dates of Position: _____

Description of Work (specific duties, responsibilities and accomplishments):

Name and Address of Employer:

Name of Immediate Supervisor: _____ Phone #: _____

Title of Position: _____ Dates of Position: _____

Description of Work (specific duties, responsibilities and accomplishments):

ESSAY: Please submit your essay on a separate sheet of paper. (One page typed and single-spaced). Your writing will be evaluated for clarity, grammar, spelling, coherence, in addition to content.

Your essay should address the following:

- Your reasons for wanting to participate in our internship program. How does this internship fit into your academic/career goals?
- What contributions in terms of skills and experience do you have to offer?

Eligibility Information:

All currently enrolled college students with class standing of junior or senior are encourage to apply. The recommended GPA is a 2.5, but students with GPAs below 2.5 are not automatically disqualified from participation.

The columns below list types of positions offered by the program. Mark your top two (2) choices from the list and rank them with the number one (1) being most desired.

General Recreation _____	Sports Administration _____	Health/Exercise Science _____
Leisure Studies _____	Kinesiology _____	Public Health _____
Planning and Development _____	Therapeutic Recreation _____	Business Administration _____
Marketing/Public Relations _____	Special Events _____	Office/Clerical Admin _____

Please provide signatures and return to SPAR Internship Coordinator:

_____	_____
Internship Applicant	Date
_____	_____
Faculty Advisor or Department Internship Coordinator	Date
_____	_____
SPAR Internship Facilitator	Date

DO NOT WRITE BELOW THIS LINE-STAFF COMMENTS ONLY

Application Approved:

Yes _____
Comments:

No _____
Comments: