



## Ability360 Sports & Fitness Center Internship Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

College/University: \_\_\_\_\_ Major: \_\_\_\_\_

Internship Desired: (check one)

Recreation Therapy

Exercise Science/Kinesiology

Parks & Recreation

Marketing/Journalism

Internship Semester: (check one)

Hours Needed for Semester: \_\_\_\_\_

Summer

Fall

Winter/Spring

Available Start Date: \_\_\_\_\_ Days & Times Available: \_\_\_\_\_

### References:

Name	Relationship	Email	Phone
1. _____			
2. _____			
3. _____			

Do you have a Fingerprint Clearance Card?  Yes  No

Please return completed application **to the designated contact person** with a **cover letter, current resume, transcript, 2 letters of recommendation**, and information outlining **school requirements/expectations** to:

5031 E. Washington St.  
Phoenix, AZ 85034  
Fax: 602-386-4567

#### Recreation Therapy

Kelsey Bocken  
kelseyb@ability360.org

#### Exercise Science/Kinesiology

Brielle Carter  
briellec@ability360.org

#### Parks & Recreation

Sarah Olson  
saraho@ability360.org

#### Marketing/Journalism

Loren Worthington  
lorenw@ability360.org

### Application Deadlines:

Winter/Spring: October 1    Summer: February 1    Fall: June 1

**Please Note:** All interns will complete a fingerprint clearance background check.

*Thank you for your interest in interning with the Ability360 Sports & Fitness Center!*