

**Rehabilitation Institute of Chicago
Center for Health and Fitness
Internship Application**

Name: _____
College/University: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date of Birth: _____
Major: _____ Minor: _____
Email: _____

Home address (if different): _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Student Advisor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

During internship:

- will you need housing: yes _____ no _____
- will you have your own vehicle: yes _____ no _____
- will you have insurance coverage: yes _____ no _____

Semester available: Fall _____ Spring _____ Summer _____

Dates available for internship:

First choice: beginning _____/_____/_____ ending: _____/_____/_____
Second choice: beginning _____/_____/_____ ending _____/_____/_____

Previous experience with sports: _____

Previous experience with people with disabilities: _____

Goal of internship: _____

*If additional space is needed to answer the above questions, a letter may be attached to this document.
*NOTE: Due to the demand for internship placements, we may not be able to honor your first request.

Any questions or comments please contact Tom Richey, CTRS, Sports Coordinator
Phone: (312) 908-4292 Fax: (312) 908-1051 Email: trichey@rehabchicago.org
Return completed application and resume to:
Tom Richey, CTRS, Sports Coordinator
RIC Center for Health and Fitness
710 N. Lakeshore Dr. – 3rd Floor
Chicago, IL 60611