



Dear Applicant:

Thank you for your interest in a Recreational Therapy internship with the Charles A. Cannon, Jr. Memorial Hospital's Behavioral Health Unit. Please refer to the list below for the application requirements. The following documents are to be submitted to Sallie Woodring by email at swoodring@apprhs.org :

- 1) A Cover Letter
- 2) Resume
- 3) Internship Application, with reference sheet
- 4) Current transcript
- 5) Two reference letters (should be from the same references on reference sheet)

After receiving full application you may be contacted for an interview before acceptance.

• **Internship Application Deadlines**

For Fall Semester: Applications are due by: May 1st

For Spring Semester: Applications are due by: September 1st

For Summer Semester: Applications are due by: February 1st

• **Internship Application Response Times**

For Fall Semester: Response is given by: June 1st

For Spring Semester: Response is given by: October 1st

For Summer Semester: Response is given by: March 1st

For Application Questions Contact:

Sallie Woodring

Volunteer Services

828 737-7538

swoodring@apprhs.org

Carmen Long, CTRS/LRT

Recreational Therapy- BHU

828 737-7005

crlong@apprhs.org



Behavioral Health Services Internship Application

Name: _____ **Phone #:** (____)-____-_____

Address: _____ **Email Address:** _____

City: _____ **State:** _____ **Zip:** _____

School/Organization:

Current School Status: _____ Freshman _____ Sophomore _____ Junior _____ Senior

Expected Graduation Date: _____ **Major/Minor:** _____

Overall GPA: _____ **Major GPA:** _____

Semester Internship is requested: _____ Fall _____ Spring _____ Summer

Approximate Internship Dates Requested: _____

Hours Required by your School/Organization: _____

Specific Behavioral Health Interests:

Related Training and/or Work Experience:



References:

(Include a professional and personal reference)

Professional Reference:

Name: _____ Phone #: (____)-____-____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant:

Personal Reference:

Name: _____ Phone #: (____)-____-____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant:
