



# Application for Volunteer Internship

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

Applicant Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

## GENERAL INFORMATION

Current Occupation: \_\_\_\_\_

Status: Part-Time Full-Time Per Diem

Current Education (please list current area of study, schools attended, and current academic year):

Previous experience in a rehabilitation setting (attach additional pages, if necessary):

Why are you interested in an internship at Rehab United?

Have you completed a course in anatomy?

Are you CPR certified? If yes, what is the expiration date listed on your certification card?



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## HOURS & AVAILABILITY

What is your availability (please complete table below)?

Monday	Tuesday	Wednesday	Thursday	Friday

What is the timeframe for this availability?

How many hours per week are you interested in volunteering?

Will you be using your hours earned towards a current class/degree program or for a future program? If yes, what is the name of the program and educational institution?

Would you be able and/or willing to help with weekend promotional events for Rehab United, if needed?

## ADDITIONAL REQUIREMENTS

**References:** Please attach a references sheet with a minimum of two professional, academic, or personal references. References should include name, phone number, email, and relationship to the person.

**Submit Application:** Once completed, submit your application directly to the location(s) that you would like to complete your internship in. Applications may be submitted via email or in-person. A full list of locations, addresses, and email information is available on our website at [www.rehabunited.com](http://www.rehabunited.com).

Thank you for your interest in being a part of the Rehab United team and good luck! You will be notified if there is availability for a position. We keep applications on file for a total of six months from the date of submission. If you are not selected within six months of applying, you are encouraged to reapply.

By signing below, you acknowledge that the information provided on this application is accurate and true.

Signature: \_\_\_\_\_

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