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INTERNSHIP APPLICATION

Please see the [Internship Packet](#) (also available on the NEP website) for **additional requirements** you need to submit with your application. Your application will not be considered unless all requirements are submitted and received by the deadline for your desired semester.

CONTACT INFORMATION:		FOR OFFICE USE ONLY	
Name:		DOB:	
Phone:	Email:		
Address:			
SCHOOL INFORMATION:			
School Attending:			
Address:			
Major:	Exp. Graduation Date:		
INTERNSHIP ADVISOR CONTACT INFORMATION:			
Advisor Name:		Phone:	
Email:			
Address:			
PROGRAM PREFERENCE: (Check One)			
Recreation Therapy	<input type="checkbox"/> School Based (TREK)	<input type="checkbox"/> Community/Home Based (PATH)	
Non-Clinical	<input type="checkbox"/> Adaptive Sports and Recreation (Non-clinical)		
Other	<input type="checkbox"/> (Marketing, Events, etc.)		
INTERNSHIP SEMESTER APPLYING FOR: (Check One)			
<input type="checkbox"/> Fall (Sept.-Dec.)	<input type="checkbox"/> Spring (Jan.-May)	<input type="checkbox"/> Summer (May-Aug.)	
INTERNSHIP REQUIREMENTS:			
Number of Hours:		Number of Weeks:	
If offered placement, I hereby authorize NEP to complete a background check and agree to reimburse NEP for related processing fees up to a \$50.00 charge. Initial Here: _____			

Completed Application Received:

SUBMITTED MATERIALS

- Resume & Cover Letter
- 3 References
- Transcript
- Technical Writing Sample
- Volunteer Hour Documentation

BACKGROUND CHECK

- Request #:
- Returned:
- Student Reimbursed

INTERVIEW DATE:

- Offered
- Declined

Why do you want to do your internship with Northeast Passage?

Briefly summarize your work/volunteer experience with individuals with disabilities:

**Identify THREE Strengths you possess which would contribute to your internship experience:
(Please Explain)**

- 1.
- 2.
- 3.

What are some areas of improvement you would like to address during your internship?

What are some of your expectations of this internship?

What are your professional goals after graduation from college?

