



Internship/Observational Request

Please Print

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

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

Emergency Contact \_\_\_\_\_ EC # \_\_\_\_\_

School currently attending \_\_\_\_\_

Major \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Location interested in: Crestwood \_\_\_\_\_ Clayton \_\_\_\_\_

Program Interested in : Physical Therapy \_\_\_\_ Athletic Training \_\_\_\_ Performance Training \_\_\_\_

Is this required for a class YES NO If so, how many hours \_\_\_\_\_

(Please list any requirements of your class: taking pictures, writing an essay, interviewing a staff member etc.)

\_\_\_\_\_  
\_\_\_\_\_

If not, please list how many total hours you are looking for? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

Date available to begin \_\_\_/\_\_\_/\_\_\_ Must be completed by \_\_\_/\_\_\_/\_\_\_

Please include times you are available each day M\_\_\_ T\_\_\_ W\_\_\_ TH\_\_\_ F\_\_\_

Are you currently CPR/AED certified? YES\_\_\_ NO\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

Please write why you are looking at SMTC for this experience and what you hope to gain while with us.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent Signature if under 18)

\_\_\_\_\_  
Date