County of Sacramento
Department of Regional Parks
Therapeutic Recreation Services

Intern Program Application

Term of Requested Internship Fall___ Spring___ Summer___ 20____

Name_____ Daytime Phone # ( ) _____

Address_____
City State ZIP

Email _____ Mobile # _____

University attending _____

Grade Level at time of Internship _____Advisor _____

Will you be taking classes during your internship? Yes___ No___

If yes, how many units? _____

When are you available to work? (days/times)_____

Are there any days/times that you are not available? _____

Previous Experience (Paid and/or volunteer)

Dates	Employer	Title	Duties

_____ _____
Signature Date of Application

Phone: 916.381.0255 ▪ FAX: 916.381.0209 ▪ TTY through CRS: 800.735.2929
P.O. Box 292640 ▪ Sacramento, CA 95829 ▪ e-mail: TRS@SacCounty.net