



City of Clearwater Parks and Recreation Department
INTERN PROGRAM APPLICATION

Contact Info:

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone [Day]: (____) _____ [Night]: (____) _____ [Mobile]: (____) _____

E-mail Address _____ Date of Birth _____

Background

School Presently Attending/Location: _____

Status: Freshman Sophomore Junior Senior Graduate Student Other _____

Semester of Interest: Fall 20__ Spring 20__ Summer 20__ *Approx Dates* _____

Expected Graduation _____ Degree Program _____ G.P.A. _____

Availability: FT (36-40 hrs/week) PT (approx days & # hrs/week) _____

How did you hear of us? _____

Special Placement Request: (Please circle all the activities that interest you, or circle here for ANY ?):

Recreation Programming (<i>specialties in Italics</i>)	<i>Athletics</i>	<i>Wildlife Conservation</i>
<i>Aquatics</i>	<i>Therapeutic Recreation</i>	<i>Wellness/Health Education</i>
Public Administration	Graphic Design	Urban Planning
Parks & Beautification Management	Cultural Affairs	Events & Festival Planning
Landscape Architecture	Projects Coordination (<i>construction</i>)	Gerontology/Senior Populations

(Over)

Objectives (What are your long-term career goals in your field)

Special Training and/or Experience:

Computer Experience:

	None	Novice	Intermediate	Advanced
• Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Microsoft Publisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adobe In Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adobe Photoshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Interests/Comments

Emergency Information:

Emergency Contact person: _____ Phone: _____

Name of Physician and/or Healthcare Provider: _____

Signature of Participant

Date

When completed, please return to:

Mail: Clearwater Parks & Recreation
Attn: Patrick Carter
P.O. Box 4748
Clearwater, FL 33758

Fax: (727) 562-4813
Attn: Patrick Carter

For more information, contact Patrick Carter, Internship Coordinator at (727) 562-4802 ext 3811.

**It Starts
in Parks**