Physical Therapy & Sports Performance Center

Date _____

Application for Volunteer Internship

Contact Information

Name: _____

Address: _____

_____

Phone: _____ **Email:** _____

General Information

Current occupation:

Current level of 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 working in physical therapy?

Why are you interested in working at Rehab United?

How many hours per week are you interested in volunteering?

What is your availability? (RU is open Mon-Fri 7am to 7pm)

Mon._____ Tues._____ Wed._____ Thurs_____ Fri_____

Please list the time frame for this availability (i.e. May 2nd - July 7th)

_____

Have you completed a course in anatomy?

☐ Yes
☐ No

Will you be using your hours earned towards a current class/degree program or for a future program?

☐ Yes
☐ No

If yes, what is the name of the program and institution _____

Would you be able to help with weekend promotional events for Rehab United?

☐ Yes
☐ No

Are you CPR certified? (CPR certification is not required but is recommended)

☐ Yes
☐ No

If yes, what is the expiration date listed on your certification card? _____/_____/_____

How did you hear about Rehab United?

** Please include a minimum of 2 professional, academic or personal references – to include name, phone number, email and relationship to the person. (see below)

Return application via mail to Rehab United at 3959 Ruffin Rd. Ste J San Diego, CA 92123, via email to ru1aides@rehabunited.com , or via fax to 858-279-5303. Thank you for your interest. You will be notified if there is availability for a position. We keep applications on file for a total of six months from the submittal date. Those not selected within six months of applying are encouraged to reapply.

References:

Name:
Phone:
Email:
Relationship:

Name:
Phone:
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Relationship:

Name:
Phone:
Email:
Relationship: