

Movement Revolution Internship Application

NAME: _____ COLLEGE/UNIVERSITY: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CELL PHONE: _____ YEAR IN SCHOOL: _____
MAJOR: _____ MINOR: _____
PRIMARY EMAIL: _____
HOME ADDRESS (if different than above): _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ SECONDARY EMAIL: _____

Please fill out only if internship is required for school credit.

STUDENT ADVISOR: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
EMAIL: _____

DURING INTERNSHIP:

WILL YOU HAVE YOUR OWN VEHICLE?

YES

NO

WILL YOU HAVE INSURANCE COVERAGE?

YES

NO

DOES YOUR SCHOOL CURRENTLY HAVE A CONTRACT WITH MOVEMENT REVOLUTION? YES NO

SEMESTER AVAILABLE:

FALL

SPRING

SUMMER

DATES AVAILABLE FOR INTERNSHIP:

FIRST CHOICE: BEGINNING: ___/___/___

ENDING ___/___/___

SECOND CHOICE: BEGINNING ___/___/___

ENDING ___/___/___

NOTE: *Due to the demand for internship placements, we may not be able to honor your first request.*

PREVIOUS EXPERIENCE WITH SPORTS, FITNESS, OR CLINICAL THERAPY:

PREVIOUS EXPERIENCE WITH PEOPLE WITH DISABILITIES:

GOAL OF INTERNSHIP:

**If you need additional space for the above questions, please use text field on next page.*

DEADLINES FOR APPLICATION:

FALL: OCTOBER 1

SPRING: DECEMBER 1

SUMMER: APRIL 1

Submit Completed Application and Resume to:

Daisy Asimakopoulous:

Daisy@movement-revolution.com

Use this page for your extended responses