

City of Phoenix Parks and Recreation Department Intern Application

NAME:	PHONE: ____ - ____ - ____
MAILING ADDRESS:	
CITY:	ZIP:

COLLEGE/ UNIVERSITY:	
FACULTY SUPERVISOR:	PHONE: ____ - ____ - ____
SUPERVISOR'S ADDRESS:	
CITY:	ZIP

INTERNSHIP REQUIREMENTS (attach additional information as needed):

- 1) What is the length of internship required by your University? (Hours / Weeks)

- 2) What are the prospective dates of your internship? _____
- 3) What are your goals and objectives for the internship?
- 4) Are you required to do a major project during your internship? Y N
If yes, please explain.
- 5) What is your anticipated graduation date? _____
- 6) Current GPA: _____
- 7) What is the area of emphasis in your major?
- 8) Are you currently a member of a professional organization? Y N ; If yes, please list.
- 9) Are you currently an employee with the City of Phoenix? Y N ; If yes, provide department and section:

10) In order to have an internship tailored to your interests, please rank your top three points of interest.

	SPORTS / AQUATICS		YOUTH DEVELOPMENT
	GOLF MANAGMENT		PARK PLANNING & DEVELOPMENT
	RECREATION FACILITY MANAGEMENT		PARK OPERATIONS
	SPECIAL POPULATIONS		SPECIAL EVENTS / CULTURAL PROGRAMS
	OUTDOOR RECREATION PROGRAMS / ENVIRONMENTAL MANAGEMENT/PARK RANGER PROGRAM		SPECIALIZED FACILITIES / (museums, sports complexes, performing arts center)
	SENIOR RECREATION		ADAPTIVE RECREATION

Please list any other interests that are not noted above:

Have you ever been convicted of or paid a fine for an offense other than traffic violations or juvenile offenses? **Yes** ___ **No** ___. If yes, give details (dates, charges, dispositions, etc.) If you will be working with youth, please also list any arrests for crimes against children, indecent exposure, or other similar offenses.

**Answering yes to any of the above question does not automatically exclude consideration. Relevance to assignment will be considered. However, not identifying this information would prevent your selection, or cause termination of your service.

PLEASE SUBMIT YOUR APPLICATION BY ONE OF THE FOLLOWING DEADLINE DATES, TO BE ELIGIBLE FOR THE RESPECTIVE SEASON / TERM INTERNSHIP.

DEADLINE	SEASON / TERM
June 30	FALL
October 31	WINTER / SPRING
March 31	SUMMER

I HEREBY CERTIFY THAT ALL THE STATEMENTS CONTAINED ON THIS APPLICATION AND ANY ATTACHMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT OMISSIONS OR MISSTATEMENTS MAY BE CAUSE FOR REJECTION OF THIS APPLICATION FROM THE MANAGEMENT RECREATION INTERNSHIP PROGRAM.

SIGNATURE

DATE

MAIL COMPLETE APPLICATION (along with the appropriate documents) TO:

**CITY OF PHOENIX
PARKS, RECREATION AND LIBRARY DEPARTMENT
STEVE TURNER, INTERN PROGRAM COORDINATOR
200 WEST WASHINGTON, 16TH FLOOR
PHOENIX, ARIZONA 85003-1611**

OFFICE# (602) 261-8606

FAX# (602) 534-3787

**EMAIL: Steve.Turner@Phoenix.gov
5078t**