

TIMPANY CENTER



730 Empey Way, San Jose, CA 95128

Fall 2019 Intern Application Packet

Thank you for your interest in the Timpany Center Internship Program!
Please turn this packet into the Timpany Center (730 Empey Way, San Jose CA, 95128), or

Email soft copies to: timpany-outreach@sjsu.edu

Please enter "Fall 2019 Internship Application" in the subject line.

Applications are due before Tuesday, Sept 3rd, 2019.

(Late or incomplete packets will not be accepted)

Please follow the directions (#1-7) below to complete your Intern Application Packet:

1. Complete bottom portion of this page

 2. Complete the application on page 2
 3. Complete availability on page 3
 4. Complete Kinesiology Core and Emphasis Related Course form on page 4
 5. Provide a resume (attached separately)
 - a. Cover letter is optional
 6. Provide a list of work and intern experience (Attach separately AND different than resume)
 - a. 1 page resumes do not always allow for applicants to provide all work and intern experiences
 7. Provide your Fall 2019 class schedule (attached separately)
 - o Name of class
 - o Class times
 - o Number of units you will be taking
-

If selected to be a part of the Timpany Center Internship Program, I (print name), _____, am committed to interning at the Timpany Center for the Fall 2019 semester. I acknowledge that I will be required to complete either 100 hours (2 units) or 150 hours (3 units). A significant portion of these hours will be in an aquatic setting, and I am comfortable working in said setting.

Timpany Center does not have internships for students seeking only 50 hours (1 unit).

I will be receiving university credit upon completing this internship and understand that this internship is unpaid.

Signature:

Date:

Timpany Center Internship Program Application

How did you hear about the Timpany Center Internship Program?

- Internet Job Fair Email SJSU Faculty
 Friend Health Fair Other Source:

Intern's Name: Female Male

Phone () Work/Alt Phone: ()

Street Address: Apt #:

City/State/Zip:

Email address:

Major/ Emphasis: Required Hours: 100 150

Emergency Contact

Contact's Name: Phone ()

Relation: Work Phone ()

Medical Information

Any known medical conditions?

Known allergies:

Advisor's Information

Name: Phone ()

E-mail: Department:

Availability Form

Name: _____

Please **cross out** the times that you are **NOT** available to participate in the program. We will assume that blank spaces indicate open availability (dashed lines mark half hours). This form is used to match your schedule with an intern.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:30-7am						
7a-8a						
8a-9a						
9a-10a						
10a-11a						
11a-12p						
12p-1p						
1p-2p						
2p-3p						
3p-4p						
4p-5p						
5p-6p						
6p-7p						
7p-8p						
8p-8:30p						

Comments about availability:

