

TIMPANY CENTER



730 Empey Way, San Jose, CA 95128

Fall 2021 Intern Application Packet

Thank you for your interest in the Timpany Center Internship Program!

Email: timpany-outreach@sjsu.edu

Phone number: (408) 924-8552 (Please leave a message and I will return your call)

Please enter "Fall 2021 Internship Application" in the subject line.

Application Due Date: August 23, 2021

(Late or incomplete packets will not be accepted)

Please follow the directions below to complete your Intern Application Packet:

1. Complete all portions of this application packet
2. Provide copy of unofficial transcript
 - a. transcripts should include SJSU classes as well as any other college courses completed
3. Provide a cover letter explaining as to why you wish to complete your internship at this site
- 4. Provide a resume (attached separately)**
5. Provide a list of work experience that directly relates to internship (if different or not included on resume)
6. Provide your current semester class schedule (attached separately)
 - ☐ Name of class
 - ☐ Class times
 - ☐ 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 2020 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)- with some exceptions. 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:

Gender _____

Phone ()

SJSU student ID #:

Street Address:

Apt #:

City/State/Zip:

SJSU email address:

Major/ Emphasis:

Required Hours: ☐ 100 ☐ 150 ☐ other

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:						

(If you are not a Kinesiology Major, please provide unofficial transcripts)

KIN Emphasis Related Courses/Additional Coursework(not activity classes)[illegible]

Additional Questions For Internship

- 1) Are you looking to complete an in person internship or a virtual internship?
- 2) If you are looking to do a virtual internship, do you have a stable internet connection?
- 3) Do you have a stable place to teach/ lead a class or Zoom with a client?
- 4) Do you require any type of adaptations either in person or online to be successful during your internship?