

P R O J E C T



SPINAL CORD INJURY RECOVERY

**Project Walk Institute of SCI Recovery Center
Internship Application**

(Please include a resume along with this application)

Application Date _____

Dates of Internship _____

Name _____

Home Address _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Education

Current College/University _____

Major/Minor _____

Year in School _____

Graduation Date _____

Certifications and skills _____

Professional or educational membership's _____

Current GPA _____

Describe any experiences you have that may prepare you to work as an intern in the field of exercise-based recovery for people with spinal cord injuries.

Have you ever been convicted of a felony? [If yes, please explain the nature of the crime and the date of the conviction and disposition; please exclude any convictions that have been expunged or for which your criminal record has been sealed by a court of competent jurisdiction.] Conviction of a crime is not an automatic disqualification for internship.

Do you have: a driver's license? No Yes

Car Insurance? No Yes

How did you hear about Project Walk? _____

REFERENCES: Please list three people who know you well and can attest to your character, skills and dependability. Include your current or last employer.

Name/Organization	Relationship to You	Phone	Length of relationship
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1.

2.

3.

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of internship opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a internship position and in interviews with Project Walk Spinal Cord Injury Recovery Center, Inc. that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for an internship position. I certify that I am in good physical condition and can perform all outlined job functions listed in the Job Description specifically, the ability to lift a minimum of 70 lbs. I understand that information contained on my application will be verified by Project Walk Spinal Cord Injury Recovery Center, Inc. I understand that any misrepresentations or omissions may result in my being ineligible to serve as an intern with Project Walk Spinal Cord Injury Recovery Center, Inc.

Signature _____ Date _____



Internship Job Description

Position: Project Walk Institute of SCI Recovery Internship

Job Description:

During your internship with Project Walk®, you will work closely with a Spinal Cord Injury (SCI) Recovery Specialist and, under the close supervision of Brian Malkinson and the Education Department, gain knowledge of spinal cord injuries, the five phases of recovery, and The Dardzinski Method™ of spinal cord injury recovery. As an intern, you will also gain hands on experience in basic exercise routines, equipment use, and safety procedures. You will assist the SCI Recovery Specialist with advanced techniques that are used with a wide spectrum of SCI clients. Frequent lifting and carrying of clients is also required several times during a single session. The intense exercise program at Project Walk can be very vigorous for our clients and labor intensive for our staff.

Job Functions / Responsibilities:

- Be able to lift a minimum of 70lbs.
- Attend classes on basic spinal cord injuries, safety guidelines, and equipment operation.
- Complete assigned coursework
- Pass necessary written and practical exams
- Learn basic exercise routines
- Assist in the development of individualized home programs
- Assist with baseline evaluations of all clients (In-house, TYT, HP)
- Assist with Developmental Activity Scale (DAS) for all clients
- Videotape baseline evaluations, DAS, and Home Programs
- General cleaning duties on the gym floor

I have read and understand the job description for the Project Walk Internship as listed above.

Your signature indicates your agreement to comply with the terms of this document.

Signature _____ Print Name _____ Date _____