

Date		
Date		

Application for Volunteer Internship

Contact Information

Name:		
Address:		
Phone:	Email:	
	General Information	
Current occu	pation:	
Current level academic	of education: (Please list current area of study, s year)	schools attended and current
Previous expe	erience in a rehabilitation setting (Attach addition	al pages if necessary):
Why are you	interested in working in physical therapy?	



Why are you interested in working at Rehab United?

How many	hours per week are	you interested in vo	lunteering?	
What is you	r availability? (RU	J is open Mon-Fri 7an	n to 7pm)	
Mon	Tues	Wed	Thurs	Fri
Please list th	e time frame for this	s availability (i.e. May 2	2 nd - July 7th)	
Have you co	ompleted a course i	n anatomy?		
Will you be program? ☐ Yes ☐ No	using your hours e	arned towards a cur	rent class/degree pr	ogram or for a future
	is the name of the pr	ogram and institution		
Would you Yes	be able to help with	n weekend promotion	nal events for Rehab	United?
Are you CP	R certified? (CPR o	ertification is not req	uired but is recomme	nded)
If yes, what	is the expiration date	e listed on your certifi	cation card?/_	/



Physical Therapy & Sports Performance Center

How did you hear about Rehab United?

** Please include a minimum of 2 professional, academic or personal references – to include name, phone number, email and relationship to the person. (see below)

Return application via mail to Rehab United at 3959 Ruffin Rd. Ste J San Diego, CA 92123, via email to rulaides@rehabunited.com, or via fax to 858-279-5303. Thank you for your interest. You will be notified if there is availability for a position. We keep applications on file for a total of six months from the submittal date. Those not selected within six months of applying are encouraged to reapply.

Name:
Phone:
Email:
Relationship:
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Name:
Phone:
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Relationship:
1
Name:
Phone:
Email:
Relationship:

References: