

## Internship Request Form



Thank you for having an interest in completing an internship at Marklund.

Please fill out this form, save it to your computer and send it to the appropriate person listed below.

***Be sure to attach your resume.***

### ***Student Contact Info***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***School Name:*** \_\_\_\_\_

Type of internship:

☐ Therapy:   ☐ Physical Therapy   ☐ Occupational Therapy   ☐ Recreation Therapy  
☐ Speech-Language Pathology   ☐ Music Therapy

☐ Nursing

☐ Education

☐ Business

☐ Part-time   or   ☐ Full-time

Length of internship: \_\_\_\_\_

Days of the week needed: \_\_\_\_\_

Location preferred: ☐ Bloomingdale   ☐ Elgin   ☐ Geneva

### ***Please send your form to:***

THERAPY: Dena Bonnike at [dbonnike@marklund.org](mailto:dbonnike@marklund.org) or Sybil Alex at [salex@marklund.org](mailto:salex@marklund.org)

NURSING: Bev Gallagher at [bgallagher@marklund.org](mailto:bgallagher@marklund.org)

EDUCATION: Paula Bodzioch at [pbodzioch@marklund.org](mailto:pbodzioch@marklund.org)

BUSINESS: Dawn Lassiter-Brueske at [dlassiter@marklund.org](mailto:dlassiter@marklund.org)