



**YOUNG CHILDREN'S CENTER FOR THE ARTS
CREATIVE ARTS THERAPY PROGRAM
INTERNSHIP APPLICATION**

Check which program you are applying for:

Music Therapy _____ *Recreational Therapy* _____

Dance/Movement Therapy _____ *Occupational Therapy* _____

Personal Information:

Name: _____ Phone: _____

Email Address: _____

Current Address: _____

Permanent Address: _____

Emergency Contact Person: _____

**College Education: (Please list all academic institutions that have attended,
current listed first)**

Name of Institution: _____

Major: _____ Graduation Date: _____

University Contact & Title: _____

Phone Number: _____

Experience Requirements from University (ie. total hours required, full time/part time with courses, etc)

Relevant Experience: (Include any setting with most recent experience listed first)

1. Name of Institution and Location: _____

Supervisor & Title: _____ Phone: _____

Dates: _____ to _____ Total Hours: _____

Description of experience: _____

2. Name of Institution and Location: _____

Supervisor & Title: _____ Phone: _____

Dates: _____ to _____ Total Hours: _____

Description of experience: _____

3. Name of Institution and Location: _____

Supervisor & Title: _____ Phone: _____

Dates: _____ to _____ Total Hours: _____

Description of experience: _____

(Continue on back of page if necessary)

Application requirements:

In order to be considered for internship placement, please submit:

1. Completed application
2. A current resume
3. All child related work experience (i.e. babysitting, camp counselor, nanny, life-guarding, teaching - including music lessons)
4. 4-5 personal/professional goals for your training experience at Young Children's Center for the Arts
5. An essay describing your personal relationship with creative arts discipline (music, recreational, occupational, or dance/movement)
6. A copy of academic transcripts from all institutions
7. Two letters of recommendation

Application packets can be mailed to:

Creative Arts Therapy Department
Young Children's Center for the Arts
929 South Water St
Philadelphia PA 19147
Attn: Rachael Bond