



# Internship/Practicum Application

Return applications to 207 Lafayette Street, Room 105 / 507-457-8258 / recreation@ci.winona.mn.us

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Position Applying For:**

Internship                       Practicum

Name of College/University: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

University Supervisor: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Preferred Starting Date: \_\_\_\_\_ Preferred Ending Date: \_\_\_\_\_

How many hours does your College/University require for your internship/practicum: \_\_\_\_\_

Please rank from 1-6 the following areas of specialization for your internship/practicum (1 = most interested / 6 = least interested)

\_\_\_\_\_ Administration      \_\_\_\_\_ Neighborhood Services      \_\_\_\_\_ Aquatic Services  
\_\_\_\_\_ Marketing              \_\_\_\_\_ Outdoor Services              \_\_\_\_\_ Guest Services

Are you over 16?    Yes/No  
Are you a past City of Winona employee or volunteer?      Yes/No      If yes, in what capacity \_\_\_\_\_  
Are you currently certified in First Aid and CPR?      Yes/No      Expiration Date: \_\_\_\_\_  
Are you currently certified as a Lifeguard?              Yes/No      Expiration Date: \_\_\_\_\_  
Are you currently certified as a Water Safety Instructor?      Yes/No      Expiration Date: \_\_\_\_\_

**Special interests, skills, & comments**

List any additional information you would like considered below or attach resume.

*Office use only:*