



FALL 2024

# INTERNSHIP PROGRAM

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Thank you for your interest in the Timpany Center Internship Program. To contact us email: [timpany-operations@sjsu.edu](mailto:timpany-operations@sjsu.edu) or call 408-283-9036 Applications are to be submitted via email. When submitting your application please include the following in the subject line: Your Name; Fall 2024 Internship Application.

**APPLICATION DEADLINE: SEPTEMBER 1, 2024**

**Late or incomplete applications will not be accepted**

You must submit ALL of the following for your application to be complete.

1. Fill out this application in its entirety
2. Provide a copy of unofficial transcript
  - a. This should include SJSU and any other colleges you have attended
3. Provide a cover letter
  - a. Explain why you wish to complete your internship at this site
  - b. How do you feel you can make an impact to our program?
4. Provide a resume
5. Provide your current semester class schedule
  - a. Include course title, dates, times, and total number of units enrolled

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If selected to be a part of the Timpany Center Program be advised your commitment to the following: You are to adhere by the rules and regulations set forth by management. Your behavior, demeanor and attire are to be professional at all times while on site. while here you are a re You are here to learn through hands on activity and will be placed in such settings. Your time commitment is throughout the entirety of the semester.

# INTERNSHIP PROGRAM APPLICATION

Intern Name:

Gender:  SJSU ID #

Phone #  Are you CPR/First Aid Certified?

SJSU email:

Major(s):  Emphasis

Expected graduation  Internship Units

Related certifications:

Primary Language:  Second Language:

Can you swim? If yes, what strokes and how long have you been swimming?

Do you have teaching experience, if yes, what have you taught?

## Emergency Contact Information

Full Name:

Relation to self:

Phone #:

## Medical Information

Known medical conditions:

Known allergies:

Medications taken, your supervisor should be notified of:

## Advisor's Information

Name:

Phone #:

Email:

## Professional Reference

Name:

Relation:  Years known:

Phone/Email:

# AVAILABILITY FORM

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Fill out the following table according to the availability you have in your weekly schedule. Please indicate when you are not available. Be mindful of travel time to and from the site, classes, and work schedules. This form is used to determine where we can place you in terms of classes, clients, and general activities.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00a-9:00a					
9:00a-10:00a					
10:00a-11:00a					
11:00a-12:00p					
12:00p-1:00p					
1:00p-2:00p					
2:00p-3:00p					
3:00p-4:00p					
4:00p-5:00p					
5:00p-6:00p					
6:00p-7:00p					
7:00p-8:00p					
8:00p-9:00p					

# REQUIRED COURSEWORK

Course #	Course Title	Semester Completed	Grade Acheived
Kin 70	Introduction to Kinesiology		
Kin 155	Physiology of Kinesiology (Exercise Physiology)		
Kin 158	Structural & Mechanical Kinesiology (Biomechanics)		
Kin 160 or Kin 161 or Kin 164	History of Sport & Physical Education		
	Philosophical Perspectives of Sport		
	Sociocultural Perspectives		
Kin 165	Motor Development		
Kin 166	Motor Learning		
Kin 175	Measurement and Evaluation		
Kin 185	Senior Seminar		

## Additional Kin Emphasis Related Coursework

Course #	Course Title	Semester Completed	Grade Acheived