

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. PLEASE NOTE: All internships are unpaid.

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 or Sybil Alex at salex@marklund.org

NURSING: Jacqui Ott at jott@marklund.org

EDUCATION: Paula Bodzioch at pbodzioch@marklund.org

BUSINESS: Dawn Lassiter-Brueske at dlassiter@marklund.org