

THERAPEUTIC RECREATION SERVICES INTERN MANUAL



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WHO WE ARE:

City of Spokane's Mission Statement: "To provide exceptional parks, programs, facilities and services that improves the quality of life for all citizens of Spokane."

Therapeutic Recreation Services' Mission Statement: "To provide enjoyable specialized and adaptive recreational activities for individuals with disabilities."

Therapeutic Recreation Services' Philosophy: To create positive experiences that develop appropriate leisure and social skills in our participants. By developing these skills participants can become increasingly self-confident, courageous, and independent. We want our customers to feel right at home and to make new friends with staff and other participants.

TRS Overview:

- Activities offered year round basis. Mainly evenings and weekends.
- Serve all ages...primarily 18+ all year and the summer provides more opportunities for younger ages.
- Activities include: Crafts, Musical, Bowling, Cooking, Dances, Basketball, Ice Skating, Swimming, Powerlifting, Skiing (Alpine & Nordic), Snowboarding, Hiking, Camping, Special Events such as baseball, EWU football, arena shows, multiple day trips, etc....

Responsibilities of the Spokane Parks and Recreation Department

~ The department will provide an orientation for the student covering rules, regulations, procedures, facilities and equipment that will be used to accomplish the student's tasks.

~ Provide meaningful opportunities for students to learn, grow, and add valuable experience to their resumes.

Responsibilities of the Intern

~ Interns will familiarize themselves with the City of Spokane Parks and Recreation standards and beliefs, and its coordination of events.

~ Interns will work in a team setting under the supervision of a Certified Therapeutic Recreation Specialist, to assist in organizing, coordinating, and implementing programs, camps, events, and other office work pertinent to the success of our programs.

~ Interns will help with the administrative side of running a program for people with disabilities: computer, course design, budget, brochure development, networking, contracts, evaluating, etc

~ Interns will also work in the field, leading programs, working with TRS staff, volunteers, agencies, parents, caregivers, vendors, etc...

WHO ARE WE LOOKING FOR?

Desired Qualities:

Upbeat, team oriented attitude

Willingness to learn and adapt to changes

Excellent time management skills

Work effectively when supervised and unsupervised

Necessary Knowledge, Skills, and Abilities:

Effective customer service methods

Ability to maintain detailed records and reports

Communicating effectively both orally and in writing

Experience in Microsoft programs such as Outlook, Publisher, Word and Excel

Ability to handle multiple requests for assistance in an organized manner

Work flexible hours including nights and weekends

Requirements:

Valid driver's license

Certifications (CPR/First aid)

Volunteer or Relevant work experience in providing recreational opportunities for people with disabilities. (It is highly recommended to volunteer with our TRS program prior to doing an internship with us)

APPLICATION PROCESS:

Fill out TRS Application Packet which includes:

City TS application

TRS supplemental Application

Waiver and Release Form

Washington State Background Check Forms

Attach an addendum which answers the following questions:

Why Community Recreation?- We want to make sure everyone that applies for our TRS internship is aware that if your internship is in the community setting, it can be harder to obtain a job in the medical settings. We want to make sure you are 100% certain you want to work in the community setting.

Why do you want an internship with the City of Spokane Parks and Recreation department?

WHEN IS THE APPLICATION DUE?

All information needs to be submitted a minimum of 4 months prior to desired start date.

If you are chosen to receive an interview, applicant will be notified within 4 weeks after we have received all paperwork. Applicants will then be chosen at a date that will be determined after the interview.

ADDITIONAL THINGS TO KNOW:

What is an average day?

There is no such thing as an average day. Generally though you will come into the office, do office work (emails, documenting, getting binders ready for weeks events, etc.), go to meetings that your supervisor wants you to attend, and attend some programs in the evening and on weekends.

Applicants must be willing to work weekends and evenings. No set schedule

Staff Supervisor:

Alice Busch, CTRS, Therapeutic Recreation Services Supervisor

abusch@spokanecity.org

(509)625-6245



Therapeutic Recreational Services

Supplemental Application

Applicant Information

Applicant Name: _____ Date: _____
Last First M.I.

Position(s) Applied for: _____

Phone Number _____ Email address: _____

Do you have a valid driver's license? YES NO If yes, give State and expiration date:
☐ ☐

Do you have a CDL? YES NO If yes, give State and expiration date:
☐ ☐

If applicable, do you meet the minimum requirements for this position? YES NO If no, please explain:
☐ ☐

Specialized Work Experience

List specific areas of interest you are able to instruct (skills, hobbies, interests, etc):

List skills and experience you have that may qualify you for this position:

List high school and college extra-curricular activities:

Do you have any specialized certifications (first aid, CPR, food handlers permit, etc)?

What hours are you available to work:
Mon Tues Wed Thurs Fri
Sat Sun

What dates are you available to work (summer break, year round, etc):

Email completed application to abusch@spokanecity.org



MAIL APPLICATIONS TO:
City of Spokane
Parks & Recreation Department
808 W. Spokane Falls Blvd.
Spokane, WA 99201-3327
(509)625-6200



An Equal Opportunity Employer

TEMPORARY SEASONAL EMPLOYMENT APPLICATION

All questions on this form must be answered in complete detail. If a question does not apply to you, write "NA" (Not Applicable).

PLEASE PRINT OR TYPE ALL INFORMATION

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Position Applied For: _____

Name: _____
Last First M.I.

Mailing Address: _____
Number Street City State Zip

Email Address: _____ Day Phone: () _____

Cell Phone: () _____ Are you over age 18? Y N If not, date of birth: _____

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Name of School Years Attended Year Graduated

High School: _____

College: _____

Trade School: _____

Major: _____ Degree: _____

Other Schools Attended: _____

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Typing speed: _____ WPM _____ KPM Shorthand Speed: _____ WPM (For clerical applicants only)

Trade Skills: _____

Heavy Equipment Operated: _____

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Answer all of the following by placing an "X" in the proper column.

If an answer to any question is "YES", explain on the reverse side.

YES

NO

1. Have you worked for the City prior to this time?

☐☐

2. Do you have a relative who works for the City of Spokane?
If so, please give that relative's name and the department he/she
works in: _____

☐☐

3. Have you ever been discharged (fired) or resigned (quit) in lieu of
discharge, except for lay off because of lack of work?

☐☐

****PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM****

Beginning with your present position, or more recent employment and working back to school graduation if necessary, list the last three positions you held:

May inquiries be made of your present employer?

YES

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NO

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1. Employer: _____
Employer Address: _____ Phone: _____
Immediate Supervisor: _____
Job Title: _____
Dates Worked: _____ Reason for Leaving: _____
Job Responsibilities: _____

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2. Employer: _____
Employer Address: _____ Phone: _____
Immediate Supervisor: _____
Job Title: _____
Dates Worked: _____ Reason for Leaving: _____
Job Responsibilities: _____

3. Employer: _____
Employer Address: _____ Phone: _____
Immediate Supervisor: _____
Job Title: _____
Dates Worked: _____ Reason for Leaving: _____
Job Responsibilities: _____

4. Employer: _____
Employer Address: _____ Phone: _____
Immediate Supervisor: _____
Job Title: _____
Dates Worked: _____ Reason for Leaving: _____
Job Responsibilities: _____

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Use this space for necessary explanations. (Indicate question). List any other directly related experience. If more space is needed, please attach sheet.

NOTE: A pre-employment physical and/or drug test may be required depending on the position applying for.

OATH OF APPLICATION

I hereby certify that I have read all of the above questions and statements and fully understand their intent and meaning. I further certify that all responses are true and correct to the best of my knowledge and belief.

I understand and agree that all statements in this application are subject to investigation and verification. I am aware that any false or dishonest answer to any question on this application shall be grounds for dismissal if already appointed.

Signature: _____ Date: _____

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS

CITY OF SPOKANE

Agency

PARKS AND RECREATION

Attn

808 W SPOKANE FALLS BLVD.

Address

SPOKANE, WA 99201

City/State/Zip

I certify this request is made pursuant to and for the purpose indicated

Authorized Signature

DIRECTOR, PARKS &
RECREATION

Title

Date

(509) 625-6200

Area Code/Phone Number

B PURPOSE

Check appropriate box

- ☐ Educational School District (ESD)/School District Volunteer – no fee
- ☒ Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)
- ☐ Profit Business/Organization - \$35
- ☐ Adoptive Parent - \$35

Fees: Make payable to **Washington State Patrol** by check, money order, or business account.

Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.

Notarized Letter(s)

C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ n/a Driver's Lic. Number/State: _____ n/a / _____
(optional)

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

City of Spokane

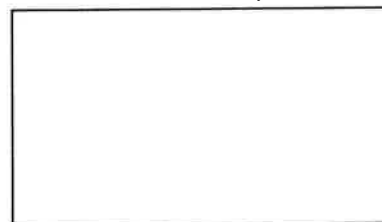
Requesting Agency

Applicant's Signature

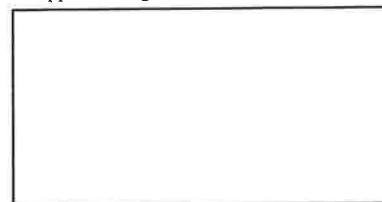
Applicant's Name

Address

City/State/Zip



Applicant Right Thumb Print (Optional)



CHILD AND ADULT ABUSE INFORMATION DISCLOSURE FORM

The job for which you have applied may require unsupervised access to children under 16 years of age, to vulnerable adults or to developmentally disabled persons. The City will request from the Washington State Patrol information relative to any convictions you may have had of offenses against persons, adjudications of child abuse or disciplinary board final decisions.

"Crime against children or other persons" means a conviction of any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

"Crime relating to financial exploitation" means a conviction of any of the following offenses, if the victim was a vulnerable adult: first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future.

"Crime relating to drugs" means a conviction of a crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance.

We are also required to ask you the following questions:

1. Have you ever been convicted of any of the above-defined crimes? If so, which? _____
2. Have you ever been found, under RCW 13.34.020(2)(b), to have sexually assaulted, exploited or physically abused any minor? _____
3. Have you ever been found by a court, in a domestic relations proceeding, under Title 26 RCW, to have sexually abused, exploited or physically abused a minor? _____
4. Have you ever been found, in any disciplinary board final decision, to have sexually abused, exploited or physically abused a minor? _____

I SWEAR, UNDER THE PENALTY OF PERJURY, THAT THE ANSWERS GIVEN ON THIS DISCLOSURE FORM HAVE BEEN MADE BY ME AND ARE TRUE AND CORRECT.



Signature _____

Print Name _____

Date _____

Date of Birth _____

Driver's License number _____

You will be notified of our receipt of the State Patrol's response. This information shall be used only in making the initial employment decision and will not be further disseminated.