RECREATION INTERNSHIP AGREEMENT: 45-499; 699

(FAX to 660-562-1483)

The internship is designed to provide practical, on-the-job work experience that will assist in furthering career goals. All applicants for Internship must have completed the Recreation Core Curriculum and emphasis area curriculum.

Once signed, this agreement indicates approval by Northwest Missouri State University for the student to complete internship experience requirements with your agency. Internship involves a minimum of 480 work hours over a 12 week period for Parks and Recreation students and Corporate Recreation/Wellness students. Therapeutic recreation students will complete a minimum of 560 hours over a 14 week period. Students receive 6-12 hours of academic credit for their Internship and work under the joint supervision of the site supervisor and an assigned University faculty. If the agency provides financial compensation to students, the actual amount and form will be agreed upon prior to the start of the internship. The University provides personal liability coverage for all field experience students.

Will financial compensation be provided for agency internship students? Please provide a written explanation of the remuneration agreement.

Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

This agreement is effective from:

Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* (Dates must be provided above to make this agreement complete.)

This agreement may be terminated by the agency or the university upon written notice of the other party. Authorized representatives of the agency or the university must approve termination of this agreement.

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Student Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Student 919:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emphasis Area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Supervisor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Phone: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Agency Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Supervisor Email: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address:\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip Code)

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

University Coordinator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_

Agency Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**THIS FORM MUST BE ON FILE WITH THE UNIVERSITY PRIOR TO THE END OF THE SCHOOL TERM PRECEDING FIELD EXPERIENCE.**