

I. The following information will be reviewed by the faculty as an aid in evaluating agencies for student intern placements.

Agency name:		
Phone:	Fax:	
Email:	Website:	
Agency address:		
City:	Zip:	
Contact person:		
Title:		

- II. Submit the following documents. All items must be submitted by the agency before the student can interview for the internship placement:
 - A. A description of the facilities, programs and services offered.
 - B. 12-Week Plan outlining the specific content and experiences related to the required five core areas of the internship: Administration, Supervision, Programs, Facilities, and Marketing/Public Relations.
 - C. Name and background of the student's supervisor
 - 1. Current resume or brief description of supervisor's professional experience.
 - 2. Include relevant training, certifications, and professional memberships.
- III. The agency agrees to provide a twelve (12) week, forty (40) hours per week, placement for the student as described in the Internship Agency Summary.

IV. Please indicate whether your agency participates in the following:

IV. I lease inc		viletilei yt	our agency particip		S.		
Yes	No	Member of Florida Recreation and Park Association (FRPA) and/or National Recreation and Park Association (NRPA)					
Yes	No	Member of Resort and Commercial Recreation Association (RCRA)					
Yes	No	Member of Florida Festivals and Events Association (FFEA)					
Yes	No	Member of other professional association Name:					
Yes	No	o This agency provides coverage under Workers Compensation for student interns.					
Yes	No	The agency provides a paid internship. If yes, please indicate the amount.					
		Tot	al number of paid l	nours per week	(amount)		
		Мс	onthly stipend		(amount)		
		Mil	leage		(amount)		
		Ro	om/board		(amount)		
			nference fees		(amount)		
the intern. I u	underst	tand most	t students are inter		indicated below whether I will accept In one agency and final acceptance ation.		
The ag	gency a	accepts th	e student for interr	nship.			
The ag	gency c	loes not a	ccept the student f	or internship.			
Supervisor's	signatı	ure					
Student is ap	plying	for a	Fall/Term	Spring/Term	Summer/Term internship.		
Comments o	n stude	ent's inter	view:				

Mail or email to: Donna G. Trafford <u>dtrafford @fsu.edu</u> Recreation, Tourism and Events Florida State University, Panama City P.O. Box 3061272 Tallahassee, FL 32306-1272