*DEPARTMENT OF*

*RECREATION & LEISURE STUDIES*

**AGENCY ACCEPTANCE FORM**

**all information must be typed**

## Student Name:

## Agency Name:

## Having carefully examined the records, we believe that the student identified above is prepared and qualified to begin an internship/fieldwork. This document is to verify that your site hereby accepts this student as an intern as summarized in the Department of Recreation and Leisure Studies Guidelines for Internship and Advanced Fieldwork.

|  |  |
| --- | --- |
| **Start Date:** | **End Date:** |

## Time Allotments

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | X |  | = |  |
| TOTAL # WEEKS | # HOURS per WEEK *+* | TOTAL HOURS *++* |

*+ Commuting hours to and from the site can not be included in the overall tally of hours per week.*

*++ Students must complete a minimum of 12 weeks and a minimum of 480 hours for 6 credits. Additional hours are required for 7-9 credits. See your internship coordinator for more information.*

*Site Supervisors:* Briefly describe benefits, if any, the site will provide the intern.

|  |
| --- |
| Salary/Wage/Stipend:  Expenses (Reimbursement):  Transportation:  Food/Board:  Housing:  Insurance:  Office Space:  Uniform:  Other: |

*Site Supervisors:* Please provide the following information about the intern’s immediate supervisor.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name:  Title:  E-mail Address:  Work Address:  Telephone Number:       FAX Number:  What are the supervisor’s primary responsibilities and work duties?  ***For each question below, check either ‘Yes’*** *or* ***‘No’ and provide additional information requested.***   |  |  |  | | --- | --- | --- | | YES | NO | Has the supervisor supervised recreation students in the past?  *If yes, for how long?* | | YES | NO | Does the agency provide direct supervision and mentoring on an ongoing basis for the interns?  *Please explain:* | |

*Site Supervisors:* Use the following space to describe in outline form the kinds of responsibilities that could be assigned to the intern/fieldworker in each category of work listed below, or include a description of the agency's standard intern training program. If your agency has an internship/fieldwork manual, please include a copy with acceptance form.

|  |
| --- |
| Leadership/Activity Instruction:    Administration:    Planning (Facility or Program):    Research/Survey/Grant Preparation:    Assessment/Documentation/Evaluation:    Other *(you may use a separate sheet or attach your agency’s internship guidelines)*: |

# *SIGNATURES:*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***AGENCY INTERNSHIP SUPERVISOR*** |  | ***DATE*** |
|  |  |  |
| ***IC INTERNSHIP COORDINATOR*** |  | ***DATE*** |

Thank you in advance for your prompt attention and return of this document.

**Please email, mail or FAX to:**

|  |  |
| --- | --- |
| Internship CoordinatorDepartment of Recreation and Leisure StudiesG40 Hill CenterIthaca CollegeIthaca, NY 14850 | Contact Information Email: rls@ithaca.edu  Phone: 607-274-3335  FAX: 607-274-1943 |

*Copies: Office of Experiential Learning, Internship Coordinator*