

This agency is an equal opportunity employer.

Yes ()

No ()

The recreation intern student has his/her own personal professional liability insurance.

Yes ()

No ()

Name/Title of the Agency Supervisor _____

Name of Agency _____

Address of Agency _____

Phone Number (____) _____

Agency Supervisor's Signature

I have discussed this proposed internship with the agency supervisor and I agree to pursue this internship experience as specified on this form.

Student's Signature

Upon conferring with the agency supervisor and the student, I approve this internship.

Recreation Curriculum Coordinator
St. Cloud State University