



UNIVERSITY of NEW HAMPSHIRE

Recreation Management and Policy Program Internship Agreement

Agreement Between: _____ and _____

Name of agency: _____

Agency address: _____

Agency mailing address (if different) : _____

Term of Agreement: from _____ to _____

The purpose of this agreement is to facilitate a clear understanding of expectations between the agency and the intern in a uniform format which will also assist University coordination of the process. Please work with the student to complete this agreement form even if your agency requires a separate employment contract or internship agreement. Thank you.

Note: To fulfill Internship requirements, the student must work under the direction of the agency supervisor for a minimum period of 14 weeks and 560 hours. The term of the agreement may , therefore, be longer but not shorter than 14 weeks.

Agency Supervisor

Representing the agency named above, the following individual will be responsible for on-site supervision of the student intern. The agency supervisor is responsible for meeting at least weekly with the intern and for completing a mid-term and final evaluation of the student intern.

Name: _____

Title: _____ Phone: (____) _____

Certification Status: _____

(As applicable, indicate the type of certification - CTRS, CLP, CLT, etc. AND attach a copy of certification)

Certification #: _____ * Expiration Date: _____

* Please Note: The immediate supervisor of students in the therapeutic recreation option must provide evidence of current NCTRC Certification. Acceptable evidence includes: NCTRC Certificate or Card with legible expiration date.

Other Information:

Wage, Stipend, or Other Compensation Benefits:

Position: Please provide a brief description of the student intern's learning opportunities, responsibilities, and expectations and/or attach a job description with a note below referring to the same.

Other: Please note any unique position requirements or conditions; especially those that a student intern might otherwise not be aware of, but must agree to, in order to have a successful experience. For example, unusual working hours, insurance coverage, dress codes, transportation requirements, etc. If such terms or conditions are included in a separate employment contract, staff manual, etc. please refer to same below.

In any situation in which it is the agency's opinion that patient or public welfare may be adversely affected by student actions, the agency will take immediate corrective measures without prior consultation with the University. The University will be notified immediately thereafter. In non-critical situations and when a student is not performing satisfactorily in the opinion of the agency, both the agency and University will agree upon a course of action.

Signatures

Supervisor Signature: _____ Date: _____

Intern Signature: _____ Date: _____

Return completed agreement to:

***Internship Coordinator
Department of Recreation Management and Policy
University of New Hampshire
108 Hewitt Hall
Durham, NH 03824***