

APPENDIX G
Internship Agreement
Department of Recreation Management and Policy
University of New Hampshire

The purpose of this agreement is to facilitate a clear understanding of expectations between the agency and the intern in a uniform format that 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.

Agreement Between: _____ and
Name of Intern

_____,
Name of Agency

_____,
Agency Address (number, street)

_____,
Agency Address (town, state, zip)

Term of Agreement: From _____ to _____.
Starting Date Ending Date

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: _____ Email: _____

Certification/License Status (circle if applicable): CTRS CTRS/L CPRP
Certification #: _____ Expiration Date: _____
NH RT License #: _____ Expiration Date: _____

*Please Note: The immediate supervisor of students in the therapeutic recreation option must provide evidence of current NCTRC Certification or if practicing in NH, a current state license. Acceptable evidence includes: copy of NCTRC Certificate/Card or copy of RT license with legible expiration date.

Wage, Stipend, or Other Compensation Benefits (please describe type/amount/frequency of compensation):

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 same.

Other Please note any unique position requirements or conditions; especially those that a student intern might not otherwise 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 the University will agree upon a course of action.

Supervisor Signature: _____ Date: _____

Intern Signature: _____ Date: _____

Return completed Agreement to: Internship Coordinator
Department of Recreation Management and Policy
University of New Hampshire
Room 108 Hewitt Hall
Durham, NH 03824