


APPENDIX 11

	RHT INTERNSHIP SITE CONFIRMATION FORM
<p>GEORGE MASON UNIVERSITY School of Recreation, Health, & Tourism 10900 University Blvd., MS 4E5 Manassas, VA 20110-2203</p>	

Section A: Student Information during Internship

What is your mailing address and phone number during your internship?

Number Street

City State Zip-Code

Local Phone # (H): () (W): ()

Cell Phone #: ()

GMU E-Mail: @

Section B: Agency Information

Please provide the following information about the internship site.

Agency Name: _____

Department (if applicable): _____

Number Street

City State Zip Code

Agency Main Phone #: Fax: ()

Agency Webpage address:

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Section C: Agency Supervisor Information

Please provide the following information about your Agency Supervisor.

Agency Supervisor: _____

Agency Supervisor's Title: _____

Supervisor's Phone #: _____ Fax: ()

Supervisor's E-Mail: _____ @

Section D: Internship Duration

Intern Starting Date: ____/____/20____ Intern Ending Date: ____/____/20____

Section E: Type of Internship Position: (Please check (√) the appropriate box.)

Voluntary Paid (As a paid position, the rate was \$_____ per _____.)

Section E: Intern Job Description

Attach a copy of the Agency's job description which lists all the activities and responsibilities associated with this internship position.

Section F: Learning Objectives Agreed to by the Intern and Agency Supervisor

List three to five learning objectives which describe what you want to learn from the internship experience. Objectives should be concise, measurable (*e.g., identify, improve, define, compare, apply, understand, develop, write*) and attainable actions or behaviors related to particular duties of the internship. For example, 'To apply the budget process for large scale events'. Previously stated objectives on the *RHT Confirmation Eligibility Form* submitted earlier by the student may have to be revised to reflect the learning opportunities actually available at the Agency. For each objective please describe the relevant strategy (i.e. specific processes or tasks) that will help the intern meet their objectives. Attach learning objectives and associated strategies on a separate sheet of paper.

Section G: Special Project

Give a brief description of the special project that is agreed upon by the intern and the Agency Supervisor. Use the form provided in Appendix 6 of the Internship Manual.

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Section H: Documentation

Attach the following documents to this application:

- valid photocopies of health insurance ID card (front and back);
- (TR students only) Agency's Supervisor's National Council for Therapeutic Recreation Certification certificate and/or card
- (Overseas placements only) valid copy of the passport photo page and visa

SIGNATURES

Intern – signature

____ / ____ / 2004
Month/Day –Signed

Agency Supervisor - signature

____ / ____ / 2004
Month/Day - Approved

Please return to the Internship Program Coordinator upon completion. Thank you.

Internship Program Coordinator – signature

____ / ____ / 2004
Month/Day - Reviewed