

AGENCY INFORMATION FORM
Recreation and Park Management Program
Internship Program

Student: _____

Date: _____

STUDENT'S INSTRUCTIONS: It is mandatory that the student complete this form. It should be completed as early as possible in the internship process and it must be completed prior to beginning your internship. This form is necessary for the student 1) to obtain **insurance coverage** from the University, 2) to provide your FSU supervisor with information necessary for the internship.

Return this form completed to your FSU supervisor prior to starting your internship.

STUDENT INFORMATION

Student Name: _____

Social Security Number: _____

Permanent Address: _____

Phone: () _____

email: _____

Internship Address: _____

Internship Phone: () _____

AGENCY INFORMATION

Agency: _____

Supervisor at Internship Site: _____

Address of Agency: _____

Agency Supervisor's Phone: () _____

Agency Supervisor's email: _____

OTHER PERTINENT INFORMATION
