

**University of Florida
College of Health and Human Performance
Department of Tourism, Recreation and Sport Management**

INTERNSHIP PROPOSAL

Complete the form below, attaching additional responses when required. Questions must be answered in full sentences, and clarification and/or additional information must be given when necessary. Your responses (including this page) **MUST BE TYPED** and presented as a formal report. **This proposal and the 13/16 week plan must be approved prior to making commitments (verbal or written) to intern at an agency.**

Name: _____ UFID #: _____
Local Address: _____
Permanent Address: _____
Phone: _____ UF E-mail: _____
Option Area: _____
Semester of Internship: _____

Name of Internship Site: _____
Address: _____
Phone: _____ Fax: _____
Email: _____
Intern Supervisor: _____
Job Title: _____
Degree: _____ University granting degree: _____
Years in current position: _____ Years of prior experience: _____

Directions: Please have the site supervisor complete the following questions regarding work hours.

How many hours is the intern expected to work in a typical week? _____

What percentage of the work will require physical labor? _____

What percentage of the intern's work hours will be non-traditional? _____

Please check all that apply: early morning late evening weekends holidays

Additional comments: _____

Supervisor signature: _____

Directions: Type the following 5 questions and your responses on a separate page(s) and attach to this form.

1. Description of the agency.
2. What are your 10 goals related to the internship?
3. Why do you think this internship site will help you meet your goals? Give specific examples from your interview and from the 13/16 week plan.
4. Do you have any reservations at all regarding this internship? (Location, personalities, living arrangements, expectations, etc.)
5. What can you contribute to the agency?

Directions: Check your answer to the following questions. Attach additional comments if necessary.

- How did you interview with the agency? by phone by personal interview
- Have you ever visited the agency? Yes No
- Did you provide the agency a copy of your goals? Yes No
- Will this internship be a paid opportunity? Yes No
- Does the agency require personal accident insurance? Yes No
- Does the agency require an Affiliation Agreement Form from UF? Yes No
- Have you attached the agency's 13/16 week plan? Yes No
- Does the agency require an application before approving you to intern? Yes No
- Do you understand that you cannot make a verbal or written commitment to this agency until you have departmental approval? Yes No

STUDENT: *"I have answered all of the above statements honestly."*

Signature and Date

AGENCY SUPERVISOR:

- _____ The agency supervisor will inform the student of any known risk or safety issues surrounding his or her work environment.
initial
- _____ The agency supervisor has reviewed the students internship goals and will do their best to assist the student in attaining these goals.
initial
- _____ The agency supervisor has worked with the student to develop a 13/16 week plan that meets the needs of both the internship site and the student.
initial

"I agree with the above proposal." _____
Signature and Date

- Do you understand that this internship requires the approval of the TRSM Department before it can be finalized? Yes No