

PRE-INTERNSHIP EXPERIENCE VERIFICATION FORM
Leisure Studies Program
The University of Iowa

Please consult the Program's Undergraduate **Internship Manual** for more information regarding the criteria for pre-internship experiences.

A separate verification form is required for each type of volunteer and paid experience. Students should make a photocopy of each form after the academic advisor has signed the form.

Part I (Completed by Student)

Student name _____ Current date _____

Type of setting (e.g., hospital, nursing home, park, recreation center) _____

Agency name _____

Agency director name _____ Agency phone _____

Agency street address _____

City _____ State _____ Zip _____

Description of responsibilities (use other side, if needed) _____

How did the experience relate to therapeutic recreation? _____

Experience was: (check one) _____ volunteer _____ paid

Start date _____ End date _____ (month/day/yr)

Total number of hours completed _____

Part II (Completed by Agency)

According to our records the above information:

_____ is accurate and the student's service with our agency is verified.

_____ is not accurate and service with our agency cannot be verified.

Signature _____ Date _____

Title _____

Part III (Completed by Academic Advisor)

_____ Experience satisfies partial fulfillment of volunteer and work experience requirement.

_____ Experience does not satisfy partial fulfillment of volunteer and work experience requirement.

Signature _____ Date _____