

APPENDIX F
AGENCY INTERNSHIP SUPERVISOR PROFILE
Department of Recreation, Park and Tourism Administration
Western Illinois University

Please complete or send a current resume.

Student's name _____

Agency Supervisor's Name _____

Agency Supervisor's Position _____

Agency Supervisor's Telephone _____

Agency Supervisor's Email Address _____

Internship Agency's Name _____

Years in this position _____ Years at agency _____

Past Work Experience (list past three jobs)

Years	Agency Name	City, State	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Degree received from _____

Associate _____ Bachelor _____ Masters _____ Other _____

Professional Memberships/Affiliations _____
