

Western Kentucky University  
Recreation and Park Administration

Verification of Contact Hours with Recreation and Leisure Related Agencies

Part I (To be filled out by Student)

- 1. Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_
  - 2. Agency: \_\_\_\_\_
  - 3. Address: \_\_\_\_\_
  - 4. Name of Director: \_\_\_\_\_
  - 5. Name of Immediate Supervisor: \_\_\_\_\_
  - 6. Division Worked in (e.g.) Park, Fitness Center, Hospital, Intramural Office, Aquatic Facility: \_\_\_\_\_
  - 7. Division Address (if different): \_\_\_\_\_
  - 8. Job Description: \_\_\_\_\_
  - 9. Check one: Paid                      Volunteer                      if paid, rate of pay: \_\_\_\_\_
  - 10. Dates of Employment/Service: \_\_\_\_\_
- Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_

Part II (To be filled out by Agency)

\_\_\_\_\_ According to our records, the above information is accurate and his/her service with our agency is verified.

\_\_\_\_\_ According to our records, the above information is not accurate and service with our agency cannot be verified.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_