



## Student Field Placement Application

Please return completed application and personal statement

**Community Alliance**

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### Student Contact Information

First Name	Middle Initial	Last Name			
Street Address	Apt./Unit #	City	State	Zip Code	
Phone Number	Alternative Number				
E-Mail Address					

### Placement Interest

Academic Institution		Degree Sought				
Major		Minor				
GPA	Credits Completed	Credits Required for Program				
Faculty Name		Faculty Phone Number				
Faculty E-Mail Address		Number of Practicum Hours Required				
Desired Start Date		Desired End Date				
Do you speak a foreign language:    Yes    No		If yes, what language?				
Have you previously applied for a Field Placement or Employment with Community Alliance?		Yes    No				
<b>Please identify which of our programs you are most interested in for your field experience? (Select at least 3)</b>						
Day Rehabilitation Services		Vocational Services				
Community Support		Assertive Community Treatment Services				
Homeless Services		Family Education				
SSI/SSDI Outreach, Access, and Recovery Services		Assessment Services				
Residential Rehabilitation Services		All programs/Services				
<b>Please identify the hours and days you are available</b>						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings 8am to 12 noon						
Afternoon Noon to 5pm						

## Volunteer/Professional Experience

Dates of Service	Organization	Description of Experience

## Employment Experience

Please list your two most relevant work experiences

Most Relevant Employer		Start Date	End Date
Street Address	Apt./Unit #	City	State      Zip Code
Position Title		Supervisor Name	
Supervisor Phone Number		Supervisor E-Mail Address	
Duties			
Other relevant Employer		Start Date	End Date
Street Address	Apt./Unit #	City	State      Zip Code
Position Title		Supervisor Name	
Supervisor Phone Number		Supervisor E-Mail Address	
Duties			

## Criminal History

Please complete the following section. Having a conviction is not an automatic bar to an academic practicum or internship with Community Alliance.

Have you ever been convicted of a crime? (Misdemeanor, Felony or Serious Driving Infraction, DUI)	Yes	No
Have you been charged with abuse, neglect or assault?	Yes	No
Has your drivers license been revoked or suspended in any state?	Yes	No
If you answered yes to any of these questions, please provide an explanation:		

## Student Statement

I acknowledge that I am an applicant for an unpaid practicum or internship with Community Alliance. I attest to the truthfulness of the information I have included in my application. I wish to volunteer my services and understand that there is no payment of my services from Community Alliance. I agree to adhere to all policies, procedures, regulations, and rules of Community Alliance including their commitment to a drug free work place and a spirit of valuing diversity in all. I will maintain confidentiality concerning employee and client information. If I do not comply with the policies and procedures governing my practicum/internship, I may be asked to discontinue my educational experience at Community Alliance. I acknowledge that I will undergo a background check including references, criminal background, APS/CPS register, sex offender register, employment verification, education credentials and/or any other items relevant to the consideration of my candidacy as a practicum/intern student.

Signature	Date
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