



Community Alliance

Positive Action. Positive Outcomes.

Student Field Placement Application

Please return completed application and personal statement

Community Alliance

Lindy Larsen

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Student Contact Information

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

Placement Interest

Form with fields: 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?

Have you previously applied for a Field Placement or Employment with Community Alliance? Yes No

Please identify which of our programs you are most interested in for your field experience? (Select at least 3)

Form with checkboxes for various services: Day Rehabilitation Services, Community Support, Homeless Services, SSI/SSDI Outreach, Residential Rehabilitation Services, Vocational Services, Family Education, Assertive Community Treatment Services, Outpatient Psychiatric and Counseling Services, Primary Health Care, Assessment Services, All programs/Services, Business/Technical, Other

Please identify the hours and days you are available

Table with columns for days of the week (Monday-Saturday) and rows for time slots (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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been charged with abuse, neglect or assault?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your drivers license been revoked or suspended in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> 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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