



Community Alliance
Positive Action. Positive Outcomes.

Student Field Placement Application

Please return completed application and personal statement
Community Alliance
 Stacy Ring
 4001 Leavenworth Street
 Omaha, NE 68105
 Fax: 402-505-9849
 sring@commall.org

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: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what language?	
Have you previously applied for a Field Placement or Employment with Community Alliance? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

<input type="checkbox"/> Day Rehabilitation Services	<input type="checkbox"/> Assertive Community Treatment Services
<input type="checkbox"/> Community Support	<input type="checkbox"/> Outpatient Psychiatric and Counseling Services
<input type="checkbox"/> Homeless Services	<input type="checkbox"/> Primary Health Care
<input type="checkbox"/> SSI/SSDI Outreach, Access, and Recovery Services	<input type="checkbox"/> Assessment Services
<input type="checkbox"/> Residential Rehabilitation Services	<input type="checkbox"/> All programs/Services
<input type="checkbox"/> Vocational Services	<input type="checkbox"/> Business/Technical (specify area _____)
<input type="checkbox"/> Family Education	<input type="checkbox"/> Other (specify _____)

Please identify the hours and days you are available

	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)	<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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