

**CFAS 4314
COMMUNITY PRACTICUM APPLICATION FORM**

Name:	Email:
Mailing Address:	
Expected Graduation Date:	Daytime Phone Number:
	Additional Phone Number:
Potential Practicum Sites	Outcome of initial contact with the organization:
1.	
2.	
3.	
4.	
5.	
Final Approved Practicum Site:	
Site Contact Information:	
Start Date:	Expected Completion Date:
On-Site Supervisor:	

By signing below, I acknowledge my understanding and agreement with the following:

- *I will provide a minimum of 150 hours of volunteer service to the approved practicum site to partially fulfill the CFAS 4314 course requirements,*
- *I will undergo a criminal background check* at my own expense before initiating any work with the practicum organization,*
- *I will follow the expectations for professional behavior as outlined in the CFAS 4314 Practicum Objectives, and*
- *I give permission to my on-site supervisor to provide evaluation information and additional feedback about my performance to the CFAS Practicum Instructor.*

Student's Signature Date: _____

*Please carefully review the information regarding criminal background checks included in the CFAS 4314 Information Packet.