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BSW Field Practicum Placement MentInformation Sheet **SWRK 3900**

(A practicum placement lasts 3 semesters)

I. Personal	Information: Please Print Legibly			
Your Full Name:				
Your HPU ID#	E <u>mail</u>			
Mailing Address:	Zip			
HomePhone#	£ell			
Birthdate:	<u>Do</u> you havæ valid drivers license: YES NO			
Do you haveaccess to a car: YES ON	Do you carry No Fault insurance: YES NC			
Are you proficient in another language:yes, specify:				
Are you currently employed: If yes, name comployer				
Will you beworking during practicum/field placement? YES NO Total # hrs/week				
Indicate the start and end times of your work schedule below (eg. 8am-3pm) Sunday Monday Tuesday Wednesday Thursday Friday Saturday				

II.	Work Experience: (Please elaborate on attach ed resume)			
Briefly list any volunteer experiences, including name of organization, date of involvement, and responsibilities you were involved with:				
Begin	ning with the most current, briefly write about any praid experience including			

Are there suc	h charges pending against you? YES NO
abandonmen	ever had an allegation of either child or adult maltreatment (abuse, neglect, exploitation, and/or child pornography) made against you that was or is pending against you?
	Yes If yes, please explain in detail:

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I understand that any violation of the above stated requirements may result in m disapproval, suspension, or removal from the practicum experience.				
Print Name	Date			
Signature				
Practicum Office Use Only:				
Completed Criminal Background Chec	ki?ES NO			
Completed TB Testing (required) PES	NO Expiration date:			
Reviewed by the Field Education Dire	ector Date:			
MOU Approved (date)	Sent/Pending (date)			
Notes:				