

**UPON COMPLETION PLEASE EMAIL THE APPLICATION TO DR. O'BRIEN AT [Helen.obrien@sunywcc.edu](mailto:Helen.obrien@sunywcc.edu) OR BRING TO CLASSROOM BLDG ROOM 45**

**WESTCHESTER COMMUNITY COLLEGE  
HUMAN SERVICES CURRICULUM  
FIELD PLACEMENT APPLICATION FORM**

Fall  Spring Year: 20

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Cell Phone \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Prior to beginning your field work, you may be asked to complete or provide evidence of a physical exam, (which may include a drug test), PPD, fingerprinting, and Child Abuse clearance. PLEASE INFORM US IF YOU ARE UNWILLING OR UNABLE TO PASS NECESSARY CLEARANCE PROCEDURES BY CHECKING THE CORRECT BOX BELOW:**

UNWILLING/UNABLE TO PASS CLEARANCE  ABLE TO PASS CLEARANCE

**Human Services Course(s) selection**

Group Dynamics & Leadership  Field Experience I – Requires 100 hours

Methods in the Helping Process  Field Experience II – Requires 126 hours

**Do you drive:**  Yes  No **Do you have a car?**  Yes  No

Are you bilingual?  Yes  No Language: \_\_\_\_\_

**When are you available for your field placement?**

Monday	Tuesday	Wednesday	Thursday	Friday	*Sat/Sun limited options

Faculty Recommendations:

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**IF YOU ARE REQUESTING TO USE YOUR PRESENT JOB AS A FIELD PLACEMENT, PLEASE COMPLETE THE BELOW**

I am presently an employee at the agency listed below  
My supervisor agrees to my using my job as a Field Placement  Yes  No  
Agency permission form  Yes  No

AGENCY PERMISSION

NAME OF AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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**PLEASE HAVE YOUR SUPERVISOR COMPLETE THE FOLLOWING:**

SUPERVISOR'S NAME \_\_\_\_\_

EDUCATIONAL BACKGROUND: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STUDENT'S CURRENT POSITION/TITLE: \_\_\_\_\_

HOURS CURRENTLY EMPLOYED: \_\_\_\_\_

THE STUDENT WILL BE RESPONSIBLE FOR THE FOLLOWING ACTIVITIES/TASKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE STUDENT WILL BE SUPERVISED \_\_\_\_/WEEK FOR \_\_\_\_ TIME FRAME BY \_\_\_\_\_

\_\_\_\_ WE AGREE TO COMPLETE TIME SHEETS AND THE WCC STUDENT EVALUATION FORM

\_\_\_\_ WE AGREE TO LIASE WITH CLASS INSTRUCTOR.

\_\_\_\_\_  
SUPERVISOR SIGNATURE