



LifePath Systems
1515 Heritage Dr.
McKinney, Texas 75069

STUDENT APPLICATION

Name: _____

Local Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Social Security #: _____

Birth Date: _____ Email Address: _____

In case of emergency, contact:

Name: _____ Phone: _____

Relationship: _____

Do you have a valid Texas driver's license?

Do you have transportation during the practicum?

EMPLOYMENT HISTORY

List job held, if any, giving title, length of time held, duties, and whether it was full or part-time.

1. Company/Job Title: _____

Duties: _____

Address: _____

Length of time worked: _____ Full Time Part Time

EDUCATIONAL STATUS & HISTORY

Name of University/College currently attending: _____

Date of Degree: _____ Type of Degree: _____

Number of hours needed for practicum/internship: _____ Specific Speciality: _____

Requested Semester: Fall Spring Summer Year: _____

Days & Hours that you are able to work:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

PREVIOUS EDUCATION

Name of University/College: _____

Degree Obtained & Graduation Date: _____

Course work/skills that relates to field practicum/internship: _____

VOLUNTEER EXPERIENCES

List volunteer positions held (e.g. Scout Leader, FHA, VAC, Church related work)

1. Organization/ Agency: _____
Duration of Service: _____
In what Activities did you participate? _____

2. Organization/ Agency: _____
Duration of Service: _____
In what Activities did you participate? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME:

IF YES, PLEASE EXPLAIN: _____

ANY CRIMINAL HISTORY WHICH IS A CONTRADICTION TO WORKING AS A VOLUNTEER MAY RESULT IN, DENYING APPROVAL OF THE APPLICANT.

PLEASE LIST THREE REFERENCES WITH COMPLETE NAME, ADDRESS AND TELEPHONE NUMBER. (PLEASE DO NOT LIST RELATIVES)

Name	Address	Telephone Number

AREAS OF INTEREST

1. Please indicate your area preference, from 1 – 3, with 1 being your most preferred area:

_____ Early Childhood Intervention
_____ Intellectual and Developmental Disabilities/Delays
_____ Mental Health

GEOGRAPHIC PREFERENCE

1. Please indicate your areas of preference, from 1 – 4, with 1 being your most preferred area:

_____ Plano
_____ McKinney
_____ Allen
_____ Frisco
_____ Rockwall

OTHER INFORMATION

Please answer the following questions.

1. What are the particular strengths that you bring to the field setting?

2. What kind of supervision would you most benefit from? (e.g. structured with frequent feedback; flexible with less frequent feedback)

3. What do you want to achieve in the placement?

4. Special Condition- Please provide any additional information that would be helpful in making a field placement assignment (e.g. employment during semester, night or week-end hours, travel limitations, etc.)

STUDENT AGREEMENT

- I CONSENT TO A CRIMINAL BACKGROUND/HISTORY CHECK.
- I AFFIRM THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
- I AGREE TO ABIDE BY THE LIFEPATH SYSTEMS POLICIES and PROCEDURES. I AGREE TO RESPECT THE CONFIDENTIALITY NATURE OF CASE INFORMATION AS WELL AS MY PERSONAL CONTACTS WITH INDIVIDUALS RECEIVING SERVICES.
- I AGREE TO INFORM THE CENTER IF I AM NAMED IN COMPLAINTS OR INDICTMENTS OR CONVICTED OF OFFENSES.
- I AGREE TO PARTICIPATE IN ORIENTATION AND TRAINING.

Student Signature

Date