



sunfield

CENTER FOR AUTISM, ADHD, AND BEHAVIORAL HEALTH
300 N. Fifth Ave., Suite 210 • Ann Arbor, MI 48104
www.sunfieldcenter.com • 734.222.9277

STUDENT VOLUNTEER/PRACTICUM APPLICATION FORM

Today's Date: _____

Name: _____ Social security number: _____

Address (City/State/Zip): _____

Cell Phone: _____ Home phone: _____ Work phone: _____

Emergency phone: _____ Email: _____

Best contact method: Cell phone Home phone Work phone Email

If you will be leaving your current address and living at a different address before/after August 1st, please list that address and phone number below:

New address: _____

City/State/Zip: _____

Date of move: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

EDUCATION

University/college name: _____

Year in program: _____

Date started program: _____

Expected date of graduation: _____

Major/Degree: _____

GPA: _____

Previous university/college name: _____

Major/Degree: _____

GPA: _____

WORK/PRACTICUM EXPERIENCE (LIST MOST RECENT FIRST)

Employer: _____

Dates worked (from/to): _____

Address: _____

Supervisor's name: _____ Telephone: _____

Job description: _____

Reason for leaving: _____

Employer: _____

Dates worked (from/to): _____

Address: _____

Supervisor's name: _____ Telephone: _____

Job description: _____

Reason for leaving: _____

Employer: _____
 Dates worked (from/to): _____
 Address: _____
 Supervisor's name: _____ Telephone: _____
 Job description: _____
 Reason for leaving: _____

Employer: _____
 Dates worked (from/to): _____
 Address: _____
 Supervisor's name: _____ Telephone: _____
 Job description: _____
 Reason for leaving: _____

Employer: _____
 Dates worked (from/to): _____
 Address: _____
 Supervisor's name: _____ Telephone: _____
 Job description: _____
 Reason for leaving: _____

Briefly describe any additional work/practicum experience you have had with children/adolescents/adults other than that listed above.

Briefly describe any research experience you have had.

For the purposes of our Autism Spectrum Disorders social groups, please indicate with a check your experience with each activity listed below (please include any activities that are not listed that you enjoy and/or are interested in).

	Don't know at all	Play/do recreationally	Know rules/fundamentals	I am able to teach
Basketball				
Soccer				
Softball				
Kickball				
Dance (specify type)				
Arts and crafts				
Musical instrument (specify)				
Singing				
Other				

With your application, please include your **curriculum vita (CV)** and **2-3 letters of recommendation**. If you are applying for a clinical practicum position, please include a letter from a professor as well as from a clinical supervisor(s) who can speak to your clinical experiences and skills.

Please list the name, title, address and phone number/email of your recommenders here:

Name: _____
Telephone: _____ Email: _____
Title: _____
Address: _____

Name: _____
Telephone: _____ Email: _____
Title: _____
Address: _____

Name: _____
Telephone: _____ Email: _____
Title: _____
Address: _____

Please mail all materials to:

Sunfield Center
Attention: Suzi Naguib, Psy.D.
300 North Fifth Avenue
Suite 210
Ann Arbor, Michigan 48104