



College of Agriculture, Food and Environment

Community Leadership and Development

CLD 497: Practicum in Community & Leadership Development

PRACTICUM ORGANIZATION INFORMATION FORM

Name of Organization			
Name of Representative		Position	
Address			
Email			
Phone Number			
Website Address			

Describe mission of your organization.

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Describe primary programs/services your organization offers.

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Describe any specific projects your organization wishes to assign to our student(s) during his/her/their practicum period.

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Hours when practicum student(s) can come to your organization to work on the project. (Mark all that apply and fill in specific time if appropriate)

		<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>AM</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	From							
	To							
<i>PM</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	From							
	To							
<i>Evening</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	From							
	To							

List any skill sets you would prefer the student to have. (e.g., experience with children, event planning, social media development, web design, etc.)

Will student be required to drive? *Yes* *No* If yes, will he/she need to use his/her own car? *Yes* *No*

Check any other requirements that the student needs to complete before he/she can start practicum.

- Criminal record check
- Immunizations
- Drug Screening
- Health Screening
- Other: Please specify