

The

Alliance

for Eating Disorders Awareness
your path to recovery...

PRACTICUM, FIELDSTUDY APPLICATION

CONTACT INFORMATION

Last Name:		First:	
Street Address:			Apt #:
City:	State:	Zip:	
Home Phone:		Mobile Phone:	
Email Address:			
In Case of Emergency Contact:			
Emergency Contact Number:			

EDUCATION

Type of School	Name and Location	Degree, Conferral Date	Major(s)	Minor(s), if Applicable
High School				
College				
Graduate School				
Please list Scholastic Honors and/or Licenses/Certifications:				

AVAILABILITY

Please indicate the semesters and year for which you are interested in working:

Fall _____ Spring _____ Summer _____ Other, please explain:

Please indicate the number of hours per week/month you are available to work:

If this experience is for credit, please describe the type of commitment you are expected to make (including number of hours, written documentation needs, etc.):

Please list your general availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

AREAS OF INTEREST

Operations Support	Committees
<input type="checkbox"/> Office: Phone Support, Filing, etc. <input type="checkbox"/> Newsletter Production/Blog <input type="checkbox"/> Grant Writing <input type="checkbox"/> Website Development <input type="checkbox"/> Social Media	<input type="checkbox"/> Development <input type="checkbox"/> Special Events <input type="checkbox"/> Advocacy <input type="checkbox"/> Outreach/Education <input type="checkbox"/> Communications

QUESTIONS

Please briefly answer the following questions. We encourage you to be honest and open. If you require any additional space, please use a separate page and note the corresponding question numbers.

1. How did you hear about The Alliance?

2. Why would you like to work at The Alliance?*

*If you are in recovery from an eating disorder, we ask that you please take a year in recovery before accepting a position at The Alliance and reach out to us again upon completion of that year.

QUESTIONS CONTINUED

3. Please summarize your previous volunteer experience(s) or fieldwork experience(s). Please include more detail here than is present on your resume.

4. Please summarize special skills or qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies and sports.

4A. Please summarize your computer proficiency skills, including experience with Microsoft programs.

5. Please describe your future education or career interests as best as possible.

6. What course of study, if any, do you hope to build on through your experience at The Alliance?

7. Please discuss your expectations, ideas and/or hopes for your experience at The Alliance.

8. How do you anticipate this experience will affect your professional and personal development?

REFERENCES

Name:	Title:	Contact:
Name:	Title:	Contact:

SIGNATURE

By submitting this application, I affirm that the facts set forth are true and complete. I understand that false or misleading information given in my application or interview(s) may result in dismissal. I understand, also, that I am required to abide by all rules and regulations of The Alliance for Eating Disorders.

Name (Signature):

Date:

Thank you for filling out this application. It is the policy of The Alliance for Eating Disorders Awareness to provide equal opportunities without regard to race, ethnicity, religion, national origin, gender, sexual identity, age, or ability.

Please submit via email with "Practicum/Field Study Application" in the subject line to Sharon Glynn at sglynn@allianceforeatingdisorders.com along with your resume.

The Alliance for Eating Disorders Awareness
1649 Forum Place, Suite 2
West Palm Beach, FL 33401
866.662.1235 * 561.841.0900 * FAX 561.653.0043
www.allianceforeatingdisorders.com