

Application Education Careers Field Experience

Prerequisites for EDU-810 Field Experience:

- 2.5 Cumulative GPA;
- Completion of Exploring Teaching with at least a C;
- Completion of either Developmental or Educational Psychology;
- Background Check (see information below); and
- Permission of Doug Van Oort, Program Coordinator.

Background Check – Prior to being registered in Field Experience, you need to pass a background check. To begin this process, go to www.kirkwood.edu/educationcareers then *Background Check Process*. Follow the steps for establishing an account with Castle Branch. Cost is \$40.

Fall 2017 Seminars (every other week):

Tuesdays 4:40-5:35 pm (If you work as a paraeducator & this time conflicts with your work, instructor will work with you to design an alternative schedule for seminar.)

Note: The Cumulative GPA must be maintained for the semester before and the semester during the course.

Student Name: _____ Semester/Year _____

K number _____ Email Address _____

Mailing Address _____

Home Phone _____ Cell Phone _____

School District Preference: 1st Choice _____

2nd Choice _____

Grade Level Preference: (check one) _____ K-2nd _____ 3rd-5th _____ 6th-8th _____ 9th-12th

Subject Preference: (check one)

____ Math _____ Science _____ Language Arts _____ Social Studies _____ Family/Consumer Science

____ PE _____ Art _____ Band _____ Vocal Music _____ World Languages

____ K-5th General Education (regular elementary classroom)

Special Education: _____ Level 1 (least intense needs) _____ Level 2 _____ Level 3 (most intense needs)

My Availability to Complete Field Experience Hours

	Times Available
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Return to Doug Van Oort, 1018 Cedar Hall, to Social Sciences Office, 1008 Cedar Hall or by mailing to:

Doug Van Oort, 1018 Cedar Hall, 6301 Kirkwood Blvd SW, Cedar Rapids, IA 52404

- **Fall semester applications MUST be received by August 1**
- **Spring semester applications MUST be received by December 1**

Please Print the following:

Instructor: _____

Course: _____

Name _____
FIRST MIDDLE LAST

Street Address _____

City/State/ZIP _____

Telephone Number _____ Email _____

Social Security # _____ Birthday _____

I hereby certify that the information in this form is true, correct, and complete to the best of my knowledge. I certify that I have answered all questions to the best of my ability and I have not withheld any information that would unfavorably affect my opportunity to participate in Service Learning or Field Experience. I also understand and acknowledge that any misrepresentation or omission of any fact discovered on this form will result in a termination from the course and / or program.

Signature Date _____

DISCLOSURE STATEMENT

In order to make every reasonable effort that Kirkwood Community College students provide a safe environment when they work in the community, we require that our students complete the following information.

1) Have you ever been convicted of a crime other than parking or speeding? _____ YES _____ NO
*If yes, please give a brief explanation of the charge(s). _____

2) Have you ever been convicted of, or had an administrative finding, violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children or dependent adults? _____ YES _____ NO
*If yes, please give a brief explanation of the charge(s). _____

3) Have you ever been convicted of driving under the influence? _____ YES _____ NO
*If yes, please state the date of the conviction. _____

4) Do you currently have charges pending relating to any of the aforementioned? _____ YES _____ NO
*If yes, please give a brief explanation of the charge(s). _____

5) Do you have any mental health impairments? _____ YES _____ NO
*If yes, please give a brief description of the impairment. _____

6) Please state if there is anything else that you would like to disclose that would impact your ability to complete a Service Learning Experience or a Field Experience.

**KIRKWOOD COMMUNITY COLLEGE
COMMUNITY SERVICE
ASSUMPTION OF RISK STATEMENT
(To be completed by student)**

The undersigned, being over the age of 18 years or in the capacity of legal guardian for the person identified below, does hereby acknowledge that there are risks of physical harm and injury inherent in service activities, including but not limited to working with people, participating in sports and recreation activities, cleaning and maintenance, preparing and serving food, and other service activities, and in transportation to and from service work sites. As partial consideration for being allowed to participate in this activity associated with Kirkwood Community College, I hereby assume all risks inherent in the travel activity and connected activities, and hereby knowingly and intentionally waive any and all claims of whatsoever kind or nature which may arise out of this activity against institutions.

I specifically acknowledge that in performing these activities, I am doing so in the status of a server/volunteer of the community agency listed above, and not a server/volunteer, employee, or agent of Kirkwood Community College. I further waive any and all claims which may arise from such service activities, acknowledge that workers' compensation benefits are not extended to me in my capacity as server/volunteer, and hold Kirkwood Community College harmless from any of my negligent acts. I further state that the service/volunteerism I am engaging in is not a part of being an employee of Kirkwood Community College in any capacity.

I specifically grant this waiver of claims for myself and/or on behalf of my ward identified below and will indemnify and hold harmless such institutions and individuals from any claims.

Printed Name

Signature

Emergency phone number: _____

Date: _____

Kirkwood Community College
6301 Kirkwood Blvd. SW
Cedar Rapids, IA 52404
Toll Free: 800-332-2055