

YOUTHVILLE ADMINISTRATIVE OFFICE
 900 W. Broadway – PO Box 210
 Newton, Kansas 67114
 (800) 593-1950 (316) 283-1950
 Fax: (316) 283-9540 www.youthville.org

PRACTICUM APPLICATION

Complete this application in its entirety, even when submitting a resume

Date of Application	Date of Availability
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Practicum Placement Desired

Location & Department	Is a paid practicum desired? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Personal Information

Last Name	First Name	Middle Name	Social Security Number
Address (Street or P.O. Box, City, State, Zip)		Home Phone (Best Time To Reach You)	
Email Address		Alternate Phone (Please Indicate Type)	
<input type="checkbox"/> Work _____		<input type="checkbox"/> Cell _____ <input type="checkbox"/> Other _____	

Hiring Requirements

Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF OFFERED A PRACTICUM, you will be required to take a post-offer drug test. A positive test constitutes grounds for denial of practicum placement. Do you consent to take a post offer drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Youthville is a smoke free/drug free workplace. Will you comply with our non-smoking policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are applying for a practicum that requires transportation of clients, we must check your motor vehicle record for insurance purposes. *If you have three (3) or more moving violations in the last 3 years and/or a DUI/DWI on your record, you will not be allowed to transport clients or drive an agency vehicle. Do you meet our driving requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's licenses # : _____ State: _____	

Education and Training

High School(s) Attended, Address	Phone	Did You Graduate?	Credit Hrs. Completed	Degree Conferred or Areas of Study
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
College(s) Attended, Address	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___		
College(s) Attended, Address	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___		
Trade, Business/Other School(s) Attended, Address	Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ___/___/___		

Licensure/ Certificate(s)

Name of license or certificate	State	Expiration Date
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OUR MISSION

“To improve the quality of life for vulnerable children, their families, and their communities.”

Practicum Schedule

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Kansas Law Requirements

Kansas Law requires Youthville to make certain determinations about all practicum's past involvement with the legal system.

Check the specific offense(s) of which you were convicted, next to the offense indicate the date, state in which it occurred, also include county and jurisdiction of the conviction. Attach additional pages if needed for your response.

- | | | |
|---|---|---|
| <input type="checkbox"/> Abandonment of a child | <input type="checkbox"/> Contributing to a child's misconduct | <input type="checkbox"/> Mistreatment of a dependent adult |
| <input type="checkbox"/> Abuse of a child | <input type="checkbox"/> Criminal restraint | <input type="checkbox"/> Murder |
| <input type="checkbox"/> Aggravated abandonment of a child | <input type="checkbox"/> Criminal sodomy | <input type="checkbox"/> Murder in the first degree |
| <input type="checkbox"/> Aggravated assault | <input type="checkbox"/> Criminal threat | <input type="checkbox"/> Murder in the second degree |
| <input type="checkbox"/> Aggravated assault or battery of a law enforcement officer | <input type="checkbox"/> Disclosure of income tax return | <input type="checkbox"/> Nonsupport of a child or spouse |
| <input type="checkbox"/> Aggravated battery | <input type="checkbox"/> Domestic battery | <input type="checkbox"/> Permitting a dangerous animal to be at large |
| <input type="checkbox"/> Aggravated criminal sodomy | <input type="checkbox"/> Endangering a child | <input type="checkbox"/> Promoting obscenity |
| <input type="checkbox"/> Aggravated criminal threat | <input type="checkbox"/> Exposing another to a life threatening communicable disease | <input type="checkbox"/> Promoting obscenity to minors |
| <input type="checkbox"/> Aggravated incest | <input type="checkbox"/> Furnishing alcohol/liquor to a minor | <input type="checkbox"/> Promoting or permitting hazing |
| <input type="checkbox"/> Aggravated indecent liberties with a child | <input type="checkbox"/> Incest | <input type="checkbox"/> Promoting prostitution |
| <input type="checkbox"/> Aggravated interference with parental custody | <input type="checkbox"/> Indecent liberties with a child | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Aggravated juvenile delinquency | <input type="checkbox"/> Indecent solicitation of a child | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Aggravated kidnapping | <input type="checkbox"/> Information of others for commercial purposes | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Aggravated robbery | <input type="checkbox"/> Injury to a pregnant woman | <input type="checkbox"/> Sexual battery |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Injury to a pregnant woman by vehicle | <input type="checkbox"/> Sexual exploitation of a child |
| <input type="checkbox"/> Assault of a law enforcement officer | <input type="checkbox"/> Interference with custody of a committed person | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Assisting suicide | <input type="checkbox"/> Interference with parental custody | <input type="checkbox"/> Unlawful administration of a substance |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Involuntary manslaughter | <input type="checkbox"/> Unlawful interference with a fire fighter |
| <input type="checkbox"/> Battery against a law enforcement officer | <input type="checkbox"/> Involuntary manslaughter while driving under the influence of alcohol or drugs | <input type="checkbox"/> Unlawful interference with an emergency medical services attendant |
| <input type="checkbox"/> Battery against a school employee | <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Unlawful sexual relations |
| <input type="checkbox"/> Bigamy | <input type="checkbox"/> Lewd and lascivious behavior | <input type="checkbox"/> Vehicular homicide |
| <input type="checkbox"/> Blackmail | <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Voluntary manslaughter |
| <input type="checkbox"/> Capital murder | <input type="checkbox"/> Mistreatment of a confined person | |

1. Have you ever been convicted OF ANY of the above offenses? Yes No
2. Do you have any charges pending *related* to ANY OF the offenses listed above? Yes No
3. Have you ever committed an act of physical, mental or emotional abuse or neglect or sexual abuse as validated by the Department of Social and Rehabilitation Services and a) have failed to successfully complete a corrective action plan which had been deemed appropriate and approved by the Department of Social and Rehabilitation Services, or b) the record has not been expunged pursuant to rules and regulations adopted by the Secretary of Social and Rehabilitation Services? Yes No
4. Have you had a child declared in a court order in this or any other state to be deprived or a child in need of care based on an allegation of physical, mental or emotional abuse or neglect, or sexual abuse? Yes No
5. Have you had your parental rights terminated pursuant to Kansas law, or the law of another state? Yes No
6. Have you ever been adjudicated a juvenile offender because of an act which if done as an adult would constitute the commission of a felony, and which is listed above? Yes No
7. Have you ever been convicted of a felony a against person? Yes No
8. Have you ever been convicted of a felony violation of the Uniform Controlled Substances Act including but not limited to possession or sale of any opiates, opium, narcotic drugs, prohibited stimulants or depressants, or hallucinogenic drugs? Yes No
9. Have you ever signed a diversion agreement pursuant to K.S.A.22-2906 or 38-1635, involving a charge of child abuse or a sexual offense? Yes No

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References (Include a minimum of (3) prior supervisors, professors or other professional references.)

Name & Title/Occupation	Relationship	Years Known	Address, City & State	Phone & Email Address
				<input type="checkbox"/> Day # <input type="checkbox"/> Evening # Email:
				<input type="checkbox"/> Day # <input type="checkbox"/> Evening # Email:
				<input type="checkbox"/> Day # <input type="checkbox"/> Evening # Email:
				<input type="checkbox"/> Day # <input type="checkbox"/> Evening # Email:
				<input type="checkbox"/> Day # <input type="checkbox"/> Evening # Email:

Confidentiality Policy

Recognizing that a child welfare agency deals with extremely sensitive matters, I will consider as CONFIDENTIAL all information with which I come in contact directly or indirectly concerning the clients in care or their families.

I will scrupulously protect the confidential nature of all conversations, records, reports and meetings where material relative to client and client families is processed or written. Business affairs including isolated and /or detailed operating statistics and financial data are considered confidential. I will not release any confidential material or information unless I have been given departmental Chief approval. I will not give any verbal or written references for current or former clients without prior departmental Chief approval.

Signature of Application _____ Date: _____

Applicant's Statement

In making this application for practicum, it is understood that an investigation report may be made whereby information is obtained through the Kansas bureau of Investigation (KBI) and SRS Child Abuse Registry. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of information gained during this investigation.

I understand that a background check will be completed to verify my education, credentials, prior experience, and motor vehicle report. I hereby release Youthville and or references listed on this application from any legal action based on information gained from this background check.

I certify that the statements made on this application are true, complete and correct and that I have not knowingly withheld or falsified any information on this application, I understand that any misrepresentation or concealment of material fact will be sufficient ground for rejection of application or removal from practicum.

I understand that nothing contained in this practicum application or in the granting of an interview is intended to create an employment contract between Youthville, or myself for either employment or for the providing of any benefit. I understand and agree that, unless otherwise defined by applicable law, any relationship that I enter into with Youthville, shall be 'at will' in nature, which means that I may resign at any time and Youthville may discharge me at any time with or without cause.

Signature of Applicant _____ Date: _____

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