For NC Division of Vocational Rehabilitation Services

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| Name: | |  | | | | | | | | | Date: |  | | |
| Address Line 1: | | **,** | | | | | | | | | Email: |  | | |
|  | |  | | | | | | | | | Phone #: |  | | |
| City, State Zip: | |  | | | | | | | | | Phone #: |  | | |
|  | | | | | | | | | | | | | | |
| University / Degree/ Major: | | | | | **/       /** | | | | | | | | | |
| University Internship Coordinator / Phone Number: | | | | | | | | | | **/** | | | | |
| Semester / Total Internship Hours: | | | | | | | | **/** | | | | | | |
|  | | | | | | | | | | | | | | |
| Desired  Intern Locations: | | | 1st | | |  | | | | | | | | |
|  | | | 2nd | | |  | | | | | | | | |
| Practicum Volunteer Experience: (16 hours only)  Yes  Start Date:       End Date: | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | |
| Do you have an interest in working with a specific population, and if so which one?  No  Yes | | | | | | | | | | | | | | |
| *Comments:* | | | | | | | | | | | | | | |
| Do you require a CRC as your practicum site supervisor?  No  Yes | | | | | | | | | | | | | | |
| If the VR field-site supervisor is not a CRC, will your university’s faculty member provide the additional supervision?  No  Yes | | | | | | | | | | | | | | |
| Do you need any accommodations, and if so please elaborate.  No  Yes | | | | | | | | | | | | | | |
| *Comments* | | | | | | | | | | | | | | |
| Have you ever been employed by the State of North Carolina?  Never  Currently  Previously | | | | | | | | | | | | | | |
| If previously employed by the State of NC provide employment dates. | | | | | | | | | | | | | | |
| What was your reason for leaving? | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |
| How did you hear about this practicum opportunity?  Print Advertisement  College Advisor  Other: | | | | | | | | | | | | | | |
| ***Please note that all practicum placements and approvals are contingent upon the successful completion of drug testing and background checks.*** | | | | | | | | | | | | | | |
| On the next page (using 500 words or less) please enter your name again and explain why you want to complete a practicum experience with NC DVRS and describe any additional qualifications you have to contribute as NC DVRS helps people with disabilities gain employment and live independently*.* | | | | | | | | | | | | | | |
| ***This section is to be completed by Vocational Rehabilitation Unit Manager*** | | | | | | | | | | | | | | |
| Practicum Placement: | | | |  | | | | | | | | | | |
| Practicum Site Supervisor: | | | |  | | | | | | | | | | |
| Start Date: |  | | | | | | | |  | | | | End Date: |  |
| Approved By: |  | | | | | | | | | | | | Unit Manager | |
|  |  | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | |  | |
| **Applicant Explanation & Additional Qualifications Section** | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | |