

 **Montgomery College**
Takoma Park/Silver Spring Campus
Mental Health Associate Program

Practicum Search Form

Personal Information

Name: _____ **Class Instructor(s):** _____

Address: _____

Phone Number: _____ **E-mail Address:** _____

Previous Job Experiences

(Include practicum, volunteer, and internship experiences)

1. **Name of business:** _____
Location: _____
Job Responsibilities: _____

2. **Name of business:** _____
Location: _____
Job Responsibilities: _____

3. **Name of business:** _____
Location: _____
Job Responsibilities: _____

4. **Name of business:** _____
Location: _____
Job Responsibilities: _____

5. **Name of business:** _____
Location: _____
Job Responsibilities: _____

Interests and Preferences

1. What age do you wish to work with? Circle all the ones that you are interested in.
(A) 0-5 (B) Elementary age (6-12) (C) Teenage/Secondary age (D) Adults
(E) Senior Citizens (F) no preference
2. What setting would you like to work in? Circle all the ones that you are interested in?
(A) Education (B) Substance Abuse (C) Hospital (D) Day Care
(E) Shelter (F) Other: _____

Availability and Transportation

- 1) How far are you willing to travel from your home?
(A) 5-10 miles (B) 10-20 (C) Does not matter
- 2) How will you be getting to your practicum site?
(A) Bus (B) Car (C) Walking (D) Other: _____
- 3) Do you have a driver's license?
(A) Yes (B) No
- 4) What time are you available to work?
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____
Sunday: _____
- 5) How many hours per week are you able to work? _____

Placement Recommendations

Based on your interest, preferences, time availability and practicum availability, these are the recommended practicum placements:

Recommendation #1:

Agency: _____

Address: _____

Contact Person: _____

Duties and Responsibilities:

Schedule: _____

Recommendation #2:

Agency: _____

Address: _____

Contact Person: _____

Duties and Responsibilities: _____

Schedule: _____

Recommendation #3:

Agency: _____

Address: _____

Contact Person: _____

Duties and Responsibilities: _____

Schedule: _____