

# FIELD EXPERIENCE CHART

Applicant Name: \_\_\_\_\_

POSITION TITLE:		
START DATE:		
END DATE:		
ORGANIZATION NAME:		
SETTING: (i.e. school, clinic)		
ADDRESS:		
SUPERVISOR * INFORMATION:		Name: _____ Tel #: _____ Email: _____
Total # of hours worked on the job		
Total # of hours of direct helping experience		
RESPONSIBILITIES & DUTIES:		
SKILLS REQUIRED:		

\* Please note that supervisors may be contacted to verify direct contact hours noted and/or other relevant information about the position.

The above information is true and accurate, to the best of my knowledge:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date