

FIELD EXPERIENCE APPLICATION

Department of
Criminal Justice &
Criminology
East Tennessee
State University
Johnson City, TN
37614

For Office Use Only

Date Received: _____ Verified by: _____ Faculty Approved _____

Comments: _____

Assigned Field Experience Agency: _____

Agency Contact: _____

**Please type application on computer, print off, and return to CJCR Dept Office
201 Rogers-Stout**

Deadline; March 1st (no applications will be taken after this date)

Semester for which you are applying: SUMMER _____ (year)

Name: _____

E# _____

Campus Address: _____

Home Address: _____

Phone (Cell): _____

Phone (Home): _____

ETSU Email Address: _____

Date of Birth: _____

Anticipated Date of Graduation: _____

Number of Degree Credit Hours at the end of **THIS** semester: _____.

Grade Point Average: Overall: _____ Criminal Justice Courses: _____

List, in order of preference, the approved agencies in which you would like your Field Experience. Every effort will be made in placing you in your first choice. See the Field Experience Coordinator or the approved list on the website of approved agencies.

1. _____

2. _____

Do you have any health/physical conditions which may limit participation in the program? YES ___ NO ___. If YES, please describe:

Do you have accident insurance? YES ___ NO ___. If NO, you must obtain accident insurance prior to the Field Experience. If YES, indicate the name of the agency and policy number:

Have you ever been arrested for a crime other than for minor traffic violations? YES ___ NO ___. If YES, attach a separate sheet detailing the offense(s).

Do you have the use of a car during Field Experience? YES ___ NO ___.

Will you be employed during Field Experience? YES ___ NO ___. If YES, state the number of hours per week and location:

Are you planning to enroll in any additional courses during the Field Experience semester? YES ___ NO ___. If YES, describe (course number & title, times of meetings, locations, etc.):

Are there any circumstances that may arise that may affect your working hours (e.g., military leave, reserve duty, etc.)? YES ___ NO ___. If YES, please describe:

Please provide the names, addresses and phone numbers of two individual (references) who can attest to your character:

1. _____

2. _____

Field Experience Checklist

- ___ Read the Application Instructions
- ___ Read the Course Syllabus
- ___ Fill out the 3 page Field Experience **APPLICATION**
- ___ Make **VITA** using example given
- ___ Write ½ to 1 page **ESSAY** about why you want to do the Field Experience
- ___ Get a **MAJOR SHEET**, filled out and signed by an advisor
- ___ Have a **2X2 PICTURE** to go with the application
- ___ **TAKE ALL PAPERS INTO CJ DEPT AND DROP OFF**

The above information is provided to support my request for placement in Field Experience and does not include any false information. In addition, I understand that, as a Field Experience study student, I will be representing the University and my field study agency in a professional role. Therefore, I agree to adhere to professional standards of conduct, dress and appearance as recognized by the University and the host agency. I have read the Course Syllabus and understand what is expected of me.

Signed: _____ Date: _____

EAST TENNESSEE STATE UNIVERSITY
Department of Criminal Justice & Criminology

RELEASE AND WAIVER OF CLAIM

I request permission from the Department of Criminal Justice & Criminology at East Tennessee State University, Johnson City, Tennessee, and

List Agency _____

herein referred to as the Host Agency, to participate in the Field Experience Program and in consideration for granting this permission, I do hereby agree to follow all instructions given by the Field Experience Coordinator, University Instructor and Host Agency Supervisor and do further release and discharge, and by these presents, do for myself, my heirs, executors, administrator, and assigns, release and forever hold harmless East Tennessee State University and the Host Agency and its employees of and from, any injuries resulting, or which may result, on any such occasion.

I do further covenant and agree that I will not bring any claims, demand action, or cause of action, nor will I allow such to be brought in my behalf, against East Tennessee State University and the Host Agency and its employees.

It is my express intention to release East Tennessee State University and the Host Agency, its agents and employees, from any liability that may arise on or during said occasion.

The undersigned understands that the parties hereby released admit no liability of any sort.

In TESTIMONY WHEREOF I have hereunto set my signature this _____ day of _____ in the year _____.

Student Signature

Field Experience Coordinator