

EARLY FIELD EXPERIENCE STUDENT APPLICATION

BEFORE YOU APPLY

Early Field Experience student volunteers are required to submit the following documents as part of their Early Field Experience Student Application. Please gather these documents before beginning your application:

1. **Letter of Recommendation** with the following:
 - Written by a **professional contact**, i.e. an employer, faculty member, or a coach. Letters from friends, roommates, relatives, or the course instructor will not be accepted.
 - Written on **official letterhead** with appropriate contact information.
 - **Dated** within four (4) years of your application.
 - A statement of how and for how long they have known you and your suitability for a classroom setting.
2. **Tuberculosis (TB) Assessment OR Test**
 - **TB Assessments** are required if you are placed in a Chico Unified School. A healthcare professional administers a questionnaire and will give you a copy of the results. TB Assessments are valid for four (4) years.
 - **TB Tests** are required if you are placed with older adults and may be required by other school districts. The test is administered on the first visit and the results are read at the second visit. Students must wait 48 hours but no more than 72 between the test and the reading. TB Test results are valid for one year for older adults and 4 years for working with children.
 - The Student Health Center administers TB Assessments and Tests for free by appointment. For their current TB Testing Clinic Hours, please see their website at <https://www.csuchico.edu/healthcenter/services/immunizations/tb-testing.shtml> or call them at (530) 898-5241. We will also accept copies of TB Assessment or Test results from your doctor or the school district.
 - Unless otherwise specified by your volunteer school site or district, you may submit a TB assessment *rather than* a TB test.
3. ***OPTIONAL* Certificate of Clearance (COC)**
 - A completed Certificate of Clearance (COC) is not required to receive or be cleared for an Early Field Experience placement. A COC is required when applying for a California teaching credential program and is good for five (5) years.
 - Obtaining a COC now is recommended for students who are intending to apply for a California teaching credential program within five (5) years.
 - Please refer to the [Certificate of Clearance Instructions and Live Scan Form \(PDF\)](#) for a complete guide to the COC.
 - Please contact your course instructor for more information about whether or not completing the COC now is a good choice for you.

EARLY FIELD EXPERIENCE CLEARANCE PROCESS CHECKLIST

Please use the below checklist as a guide to be sure that you have uploaded all of your items to Box via the Box link you received in your email as part of the Early Field Experience clearance process. If you did not receive an email containing a Box link or have misplaced it, it may be accessed on [our website](#). **We will not accept physical, paper submissions of this application or your supplemental materials.**

UPLOADED TO BOX

- ☐ Early Field Experience Student Application (this PDF)
- ☐ Letter of Recommendation
- ☐ TB Assessment **OR** Test Results
- ☐ *OPTIONAL* Certificate of Clearance (or proof of submission)

EARLY FIELD EXPERIENCE STUDENT APPLICATION

STUDENT INFORMATION

Student Name: _____

ID Number: _____ Email Address: _____

Local Address: _____

Permanent Address: _____

Major: _____ Classification (circle one): FR SOPH JR SR GRAD

Phone Number: _____ Are you 18 years of age or older? Yes No

I HAVE THE ABILITY TO TRAVEL . . .

Please check all that apply. Please note, at this time, the School of Education is unable to assign volunteer placements outside of Chico. If you are enrolled in EDTE 255, EDTE 265, or SPAN 425 and you require a volunteer placement outside of Chico, you will be required to find your own volunteer placement at a K-12 school in your local area.

☐ less than 1 mile ☐ approximately 1-2 miles ☐ approximately 2-10 miles ☐ more than 10 miles

PREVIOUS EXPERIENCE

	Yes	No
I have previously volunteered through one of my courses. Semester, Year, & Course Number: _____		
I have previously used ATLAS (virtual placement experience) in a section of EDTE 255 or EDTE 265. Semester & Year: _____		
Do you speak any language other than English? (please specify) _____		

List any previous experience you have had which would prepare you to work with the populations you have selected:

What can you offer a participant in this program and how can you apply your skills?

INTERESTED IN BEING A TEACHER?

Are you planning on pursuing a California Teacher Credential (select one):

- | | |
|---|---|
| <input type="checkbox"/> Multiple Subject | <input type="checkbox"/> Multiple Subject with Bilingual Authorization |
| <input type="checkbox"/> Single Subject | <input type="checkbox"/> Single Subject with Bilingual Authorization |
| <input type="checkbox"/> Education Specialist | <input type="checkbox"/> No, I am not planning on pursuing a teaching credential. |

If you answered Single Subject, Single Subject with Bilingual Authorization, or Education Specialist to the above question, please indicate what subject you are planning on pursuing your teaching credential in: _____

PLACEMENT SUBJECT AREA

Please select the appropriate subject for which you need a volunteer placement. For **EDTE 265 students**, please select which subject you would like to be placed for your **primary (35-hour) volunteer placement**.

- | | | |
|---|---|---|
| <input type="checkbox"/> Single Subject | <input type="checkbox"/> Multiple Subject | <input type="checkbox"/> Education Specialist |
|---|---|---|

If you answered "Single Subject" above, please list your top three (3) classroom subjects to be placed. For example: 1. History, 2. English, 3. Multiple Subject (K-6). We will try our best to place you in a classroom within one of the subject preferences you provide, however this is not guaranteed.

1st Preferred Subject: _____

2nd Preferred Subject: _____

3rd Preferred Subject: _____

VOLUNTEER PLACEMENT INFORMATION

What course(s) do you need volunteer clearance and/or a placement for?

Please list the course(s) you will be participating in volunteer service for. For a complete list of the Early Field Experience courses being serviced this semester, please review our [Early Field Experience Class List PDF](#). Please note, students **must** be enrolled in an Early Field Experience-serviced course in order to be eligible for volunteer service through the School of Education. First-time Freshmen are ineligible for volunteer service at this time.

Do you need to be assigned a volunteer placement by the School of Education?

Not sure if you need an Early Field Experience placement to be assigned to you by the School of Education? Please refer to the [Early Field Experience Class List PDF](#) on our website, ask your instructor, or email us at efe@csuchico.edu. Please be advised that **distance students** who require a placement outside of Chico are required to find their own volunteer placement. **If you are a paraprofessional or other professional working in a K-12 classroom setting who would like to use their employment to fulfill their 45-hour service requirement, please email efe@csuchico.edu PRIOR to submitting this application (requests are approved on a case-by-case basis).**

- | |
|---|
| <input type="checkbox"/> Yes, I need a placement. (please proceed to the Student Availability section of this application) |
| <input type="checkbox"/> No, I have found my own placement. (please complete the Placement Information section of this application) |
| <input type="checkbox"/> No, I am a distance student. (please complete the Placement Information section of this application) |
| <input type="checkbox"/> No, I am a paraprofessional/education professional. (please email efe@csuchico.edu) |
| <input type="checkbox"/> No, my course instructor has provided me with a placement. (please complete the Placement Information section of this application) |

PLACEMENT INFORMATION

Please enter the name of your Mentor Teacher(s), their grade(s) and/or subject(s), phone number(s), email address(es), and your placement days and times (Monday-Friday, AM/PM). Failure to enter this information will delay the clearance process and you will be asked to submit a revised application. If you are a paraprofessional/education professional, please email efe@csuchico.edu **PRIOR** to submitting this application. **This is not a space to request to work with a specific Mentor Teacher or school site.** If you have a school site or Mentor Teacher request, please email efe@csuchico.edu.

School Site: _____ District: _____

Mentor Teacher's Name: _____ Grade/Subject: _____

Mentor Teacher's Phone Number: _____ Email Address: _____

Placement Days & Times: _____

School Site: _____ District: _____

Mentor Teacher's Name: _____ Grade/Subject: _____

Mentor Teacher's Phone Number: _____ Email Address: _____

Placement Days & Times: _____

School Site: _____ District: _____

Mentor Teacher's Name: _____ Grade/Subject: _____

Mentor Teacher's Phone Number: _____ Email Address: _____

Placement Days & Times: _____

ACKNOWLEDGEMENT OF REQUIRED DOCUMENT SUBMISSION

The following documents are **required** as part of your Early Field Experience application. Students **will not** receive a placement or volunteer clearance if these documents are not submitted electronically in accompaniment with their volunteer application. Please initial next to each item on this list to indicate that you understand that these documents are required as part of your application packet. **NOTE: The Certificate of Clearance is an OPTIONAL document. Students will still be cleared for and/or receive a placement if they choose not to complete a Certificate of Clearance, however, it is highly recommended. For more information about the Certificate of Clearance, please visit our website.**

_____ **Letter of Recommendation** (dated within four years of this year and written by a professional contact)

_____ **TB Assessment or Test Results** (dated within four years of this year and must clearly indicate a negative result)

_____ ***OPTIONAL*** Certificate of Clearance (only initial if you will be submitting this document)

STUDENT AVAILABILITY

Please mark all times you **ARE** available in the appropriate day and time box.

Volunteers are usually scheduled at their school sites for 3-6 hours per week in 1-2 hour blocks. Due to school schedules, volunteer placements are available Monday-Friday from 8:00 am-3:30 pm. Please remember to allow a half hour for travel time to and from your placement site.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:30					
8:30-9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00 & on					

STUDENT ACKNOWLEDGEMENTS

Please initial next to each statement below, indicating that you have read and understood the statement.

- _____ I understand the Early Field Experience program is an extension of my Early Field Experience course and should be respected as such.
- _____ I understand that School of Education staff members and my Course Instructor are a resource for solving problems within the course of my service. I will contact these individuals as problems arise to keep them apprised of my situation.
- _____ I understand the School of Education will make no more than three (3) attempts to contact me before considering me inactive. If I do not return phone calls or emails after such time, my Course Instructor will be contacted.
- _____ I will abide by all dress code policies outlined by my placement site.
- _____ I understand that it is inappropriate to use or be in possession of alcohol, drugs, or firearms at any time during my service.
- _____ I understand all information concerning community members and staff affiliated with the School of Education and the service site is regarded as personal and confidential. It is expected that School of Education staff and Early Field Experience student students will exercise the highest level of ethics and professionalism regarding confidentiality.
- _____ I understand the School of Education does not provide or facilitate transportation to the placement site.
- _____ I understand the deadline for turning in my Early Field Experience application and supplemental materials is the third Friday of each semester and I will abide by this date.

PLEASE SIGN BELOW INDICATING THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING STATEMENT.

I understand and agree my misrepresentation by me on this application will be sufficient for cancellation of this application and/or separation from service in the Early Field Experience program will result in notification to the College or School associated with my placement and Student Judicial Affairs. I am aware participating in certain programs may require disclosure of personal information, and a criminal background check. I consent to the School of Education obtaining such information and voluntarily give the School of Education the right to investigate all references and to secure additional information as necessary about my suitability for participation. I understand all information obtained, whether oral or written, will be kept strictly confidential and only shared with those persons required by law or those who participate in the decision-making process related to my placement to determine my qualifications for programs. Participants in the decision-making process include, but are not limited to, the School of Education staff, faculty, director, the College or School associated with my placement, and the community partner. I also understand that placements are not guaranteed and it is the sole discretion of the School of Education and the community partner to place or remove me from the program.

Signature _____

Date _____

If you need adaptations or accommodations for any reason, including religion, creed, gender identity, gender expression, a disability or chronic illness, etc. please make an appointment with Megan Mann, Field Placement Coordinator for the School of Education (efe@csuchico.edu).



Office of Risk Management

**WAIVER OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: **45 Hour Placements**

Activity Date(s) and Time(s): **January 22 – May 17, 2024**

Activity Location(s): **Various Throughout California**

In consideration for being allowed to participate in the above-referenced Activity, on behalf of myself and my next of kin, heirs, representatives, and assigns, I hereby **release, waive, and discharge from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Chico and their employees, officers, directors, volunteers and agents (collectively the “University”) from any and all liabilities or claims, **including claims of the University’s negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, property loss, or economic or emotional loss I may suffer because of my participation in the Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in the Activity, including any associated use of University facilities or premises and any travel to, from and/or during the Activity.**

I agree to **indemnify and hold** the University **harmless** from any and all claims, actions, suits, costs, expenses, and liabilities for any injuries to myself and for any damage to my property or possessions that arise out of or arise from my participation in the Activity, including any injury or damage that occurs during the use of University facilities or premises and any travel to, from and/or during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in the Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document in its entirety, fully understand its terms, and acknowledge that I am signing it freely and voluntarily. **No other representations concerning the legal effect of this document have been made to me.**

Participant Signature: _____

Participant Name (print): _____ Date: _____

CSU, Chico Emergency Contact Information

Last Name _____ First Name _____

Are you 18 or over? Yes _____ No _____ Birth Month and Day ONLY _____

Student ID _____ Cell _____ E-Mail Address _____

Faculty/Coordinator _____ Date of Event _____

Course # (if applicable) _____

Emergency Contact Information (Print Clearly)

Emergency Contact #1

	Emergency Contact 1	Emergency Contact 2
Last, First Name		
Relationship		
Street Address		
City, State, Zip, Country		
E-Mail Address		
Phone: Home Language Spoken		
Phone: Work Language Spoken		
Phone: Cell Language Spoken		

Other Information

Do you have any allergic reactions to:

Bee/Insect Stings	Yes	No	Medications	Yes	No	Food/Drink	Yes	No	Other	Yes	No
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If you answered yes to any of the above, please explain and note reaction:

Do you have any dietary restrictions (vegetarian, etc.)? If yes, please explain

PLEASE NOTE

Information on this form will be referred to ONLY in case of a critical injury or emergency situation. In the instance that you are unable to provide medical information to an attending physician or hospital, we would be able to provide it for you with your consent by signing below.

Signature

Date