



Mane Stream

Providing *Unbridled Possibilities* for Children & Adults with Special Needs

CLINICAL FIELDWORK APPLICATION

Fieldwork Student Information								
Last Name:		First:			Date:			
Street Address:								
City:				State:		Zip		
Primary Phone:				Alternate Phone:				
Email Address:								
Have you ever been convicted of a crime?				If yes please explain:				
<input type="checkbox"/> Yes <input type="checkbox"/> No								
How did you hear about Mane Stream?								
Availability								
Please check semesters of availability: Year _____ Start Date: _____ End Date: _____								
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain:								
Please check your general availability		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning								
Afternoon								
Evening								
Areas of Interest								
Primary area of interest (please select only one):								
<input type="checkbox"/> Mental Health		<input type="checkbox"/> Occupational Therapy			<input type="checkbox"/> Other (Please Explain):			
<input type="checkbox"/> Physical Therapy		<input type="checkbox"/> Speech-Language Pathology						
Secondary areas of interest (please check all that apply):								
<input type="checkbox"/> Adaptive Riding Program		<input type="checkbox"/> Admin/Marketing		<input type="checkbox"/> Summer Camp		<input type="checkbox"/> Other (Please Explain):		
Experience/Education								
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Student <input type="checkbox"/> Not Employed								
Current or most recent clinical experience:								
Are you currently a full-time student?				If yes, please indicate school:				
<input type="checkbox"/> Yes <input type="checkbox"/> No								

Level: <input type="checkbox"/> Undergrad <input type="checkbox"/> Graduate Student <input type="checkbox"/> Post-Graduate		Areas of study:
Do you speak any other languages? Including ASL <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list the language(s) you are: Fluent: Semi-fluent: Basic:
Computer Skills/Software Used:		
Please describe your experience involving people with disabilities:		
Please list your equine/equestrian and/or teaching experience:		
Personal Information		
Why are you interested in completing your clinical fieldwork at Mane Stream?		
Please list 3 to 6 specific objectives you would like to accomplish while at Mane Stream.		
Describe your long-term career goals.		
Professional References		
Name	Relationship and contact info (e-mail and/or phone number)	
Disclaimer and Signature		
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an assignment, I understand that false or misleading information in my application may result in my release.		
Signature:		Date:

Please return this form along with a Letter of Interest and your resume to:
Melanie Dominko-Richards, MS, CCC-SLP, HPCS
melanie@manestreamnj.org