



Introduction to Leadership: Practicum Application

Section A: General Information

Athlete Name: _____ **Program:** _____
Address: _____ **City:** _____
Zip: _____ **Phone:** _____ **email:** _____
Mentor Name: _____ **Program:** _____
Address: _____ **City:** _____
Zip: _____ **Phone:** _____ **email:** _____

Section B: ALPs University Practicum Information

Date of Class: _____ **Instructor(s):** _____ **Application Date:** _____

Practicum Goals Completed:

Class A volunteer Completion Date: _____

Describe your volunteer activities and how long you volunteered.

	Date	# of hours	Description
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Describe what you learned during this practicum:



Section C: Mentor Observation

Please have your mentor or county coordinator provide a brief summary about the work you did for your practicum.

Section D: Approval

Must be signed below:

Signature of ALPs Athlete

Date

Signature of Mentor

Date

Signature of ALPs County Coordinator

Date

Signature of ALPs Coordinator

Date

Please submit completed application to:

1. alpsuniversity@gmail.com

OR

2. Special Olympics Indiana
6200 Technology Center Drive, Suite 105
Indianapolis, IN 46278
or
fax (317) 328-2018

