



2024-2025
Yuma Union High School District #70

School Counseling Social Worker Student Teacher Intern

Date: _____

College/University: _____

Name: _____ Phone#: _____

Address: _____ City: _____ St: ___ Zip Code: _____

Personal Email Address: _____

Emergency Contact Name: _____ Phone#: _____

Finger Print Clearance Card: Expiration Date: _____

Optional: Volunteer Packet: Board Date: _____

***(Volunteer Packet is required if individual will be traveling with students)

H.S. School Preference: _____

Cooperating Teacher/Counselor/Psychologist/Principal:

Subject (s): _____

Date(s) of School Counseling Practicum, Student Teaching/Intern/Social Work Assignment:

Signature of Participant

Signature of Approving Campus/Site Administrator