

EXPERIENCE SUMMARY FORM

LAST NAME, FI: _____

INSTRUCTIONS: Include copies of this form with your application. If you received this form electronically, please print a copy to accompany AAPI application. The form may be completed by word processing, but conform to the space provided (3 sites/page). Duplicate as needed. Summarize and list chronologically (current/most recent first) direct service experiences relevant to the setting at The Guidance Center. You may include practica, paid positions, related experience, volunteer efforts, etc., using the following format.

Name of Site: _____ City: _____

Your position or title: _____

Number of hours per week: _____ From (Mo/Yr): _____ To (Mo/Yr): _____

Primary clients/recipients of your services: _____

Primary duties/responsibilities:

Kind and amount of supervision received:

Name of Site: _____ City: _____

Your position or title: _____

Number of hours per week: _____ From (Mo/Yr): _____ To (Mo/Yr): _____

Primary clients/recipients of your services: _____

Primary duties/responsibilities:

Kind and amount of supervision received:

Name of Site: _____ City: _____

Your position or title: _____

Number of hours per week: _____ From (Mo/Yr): _____ To (Mo/Yr): _____

Primary clients/recipients of your services: _____

Primary duties/responsibilities:

Kind and amount of supervision received: