



FIELD PLACEMENT AGENCY APPLICATION

Thank you for your interest in partnering with us to provide a social work internship at your agency. We value this collaboration and seek to serve your work and mission while providing a practical learning opportunity for our students. Please complete the form below so that we might obtain information that will assist us in identifying students who are most appropriate to the needs, tasks, and environment of your agency setting. It is also necessary that your agency context meets the requirements of our accrediting body, the Council for Social Work Education (CSWE). We look forward to potentially partnering with you in an effort to meet both of our specific considerations.

Date _____

Agency Name _____

Agency Address _____

City _____ State _____ Zip _____

Phone _____ Agency Website/URL _____

Agency Contact Name _____ Contact Phone _____

Contact Email _____

Which intern level fits your agency?

☐

MSW Students

☐

BSW Students

☐

Both

Does your agency offer non-traditional work hours for interns?

☐

Weekend

☐

Evening

Does your agency require specific background checks, drug screening or testing?

☐

YES

☐

NO

If so, is the student responsible for obtaining and paying?

☐

YES

☐

NO

If yes, please list what is required:

Does this agency provide students with the opportunity to demonstrate Social Work Competencies through in-person contact with client systems and constituencies?

☐

YES

☐

NO

Does your agency employ staff with a BSW or MSW Degree, or LCSW license?(Check all that apply)

☐

BSW

☐

MSW

☐

LCSW

Do you provide stipends or paid internships?

☐

YES

☐

NO

Do you provide mileage reimbursement?

☐

YES

☐

NO

Is the agency a non-profit, faith-based agency?

☐

YES

☐

NO

Agency Mission Statement:

Please provide a brief description of your agency programs/ services (or attach a brochure about your agency programs/ services.)

Check the population(s) your agency serves:

<input type="checkbox"/>	Infants/ Children	<input type="checkbox"/>	Adolescents	<input type="checkbox"/>	Adults
<input type="checkbox"/>	Seniors	<input type="checkbox"/>	Community	<input type="checkbox"/>	Other

Other(s) Listed:

From the following lists please identify types of service(s) your agency provides.

Micro-Level Services		Macro-Level Services	
<input type="checkbox"/>	Residential Treatment	<input type="checkbox"/>	Administration
<input type="checkbox"/>	Bio-Psycho-Social Assessments	<input type="checkbox"/>	Advocacy
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Education/ Training

<input type="checkbox"/>	Client Intake	<input type="checkbox"/>	Fund Raising
<input type="checkbox"/>	Discharge Planning	<input type="checkbox"/>	Grant Writing
<input type="checkbox"/>	Education	<input type="checkbox"/>	Management
<input type="checkbox"/>	Family Counseling	<input type="checkbox"/>	Community Organizing
<input type="checkbox"/>	Group Counseling	<input type="checkbox"/>	Policy
<input type="checkbox"/>	Individual Counseling	<input type="checkbox"/>	Program Evaluation
<input type="checkbox"/>	Crisis Intervention	<input type="checkbox"/>	Research
<input type="checkbox"/>	Information and Referral	<input type="checkbox"/>	Program Development
<input type="checkbox"/>	Mediation	<input type="checkbox"/>	Social Planning
<input type="checkbox"/>	In-home Services	<input type="checkbox"/>	Collaboration
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

The academic calendar includes at least a four-week break between terms in December. Please indicate if this is acceptable for an intern in your setting or if this needs to be discussed.

☐ YES

☐ NO

From the following lists please indicate your agency's areas of practice focus.

<input type="checkbox"/>	Aging/ Gerontology	<input type="checkbox"/>	Maternal/ Child Health
<input type="checkbox"/>	Immigration	<input type="checkbox"/>	Physical Disabilities
<input type="checkbox"/>	Child Welfare	<input type="checkbox"/>	Domestic Violence
<input type="checkbox"/>	International Social Work	<input type="checkbox"/>	Housing/ Homelessness
<input type="checkbox"/>	Legal Services	<input type="checkbox"/>	Employment
<input type="checkbox"/>	Criminal Justice	<input type="checkbox"/>	Poverty
<input type="checkbox"/>	LGBTQ Services	<input type="checkbox"/>	Foster Care/ Adoptions

<input type="checkbox"/>	Developmental Disabilities	<input type="checkbox"/>	Public Health
<input type="checkbox"/>	Health Care	<input type="checkbox"/>	Government
<input type="checkbox"/>	Public Health	<input type="checkbox"/>	School Social Work
<input type="checkbox"/>	HIV/ AIDS	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Hospice	<input type="checkbox"/>	Gang Outreach
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

Is there any additional information that you would want an intern to know before interning at your agency?

Agency Representative Signature _____ Date _____