



Social Work Program- Application to Field Practicum

Central State University's Social Work Program requires all applicants for admission to field practicum to complete the following application. Falsification or omission of information relevant to questions within this application may constitute grounds for denying you admission to the program or termination of your participation in the program if falsification or omission is discovered after your practicum begins. Further, after you have submitted the application, while your application is being considered, or while you are a participant in the program, if circumstances occur that would cause you to change and of your responses, you must then inform the Social Work Program Director of the situation.

The following questions within this application are asked about your required field site accommodations and strengths. If you have special needs, please include it with your field application and a letter from the CSU Disability Resource Center detailing any necessary accommodations. Note that we will require you to sign a consent form to release information in order to communicate this information with the agency.

Some field agencies require background checks to determine if you have been convicted of a felony or appear on a child abuse registry. The national registry and your driving record may also be requested. Please be aware that you may be asked to bear the cost (\$25 – 40) of these background checks. You may also be required by an agency to consent to a urine drug screen prior to beginning the field placement.

If you have *any* past criminal charges, please inform the Field Coordinator and consent to an open discussion. Some agencies may be prohibited from accepting you as an intern. Please keep in mind that a history with a drug or felony conviction may limit your options for placement. After three attempts with no success, you may have to reconsider your professional choices.

STUDENT INFORMATION

Last name:	First name:	Date:
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Local Phone:	Work Phone:	Cell Phone:
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Street address:

City:	State:	Zip code:
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Email address:	Alternate email address:
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Emergency contact #1 name:	Phone #:
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Relationship to you:

Emergency contact #2 name:	Phone #:
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Relationship to you:

I understand that CSU Social Work field experience is a daytime program and will not offer any evening and/or weekend Field Experience.

Hours must be completed Monday-Thursday from 8-4 or 9-5pm.

I understand that I may not contact an agency independently to establish a field practicum.

Although the Coordinator will make every effort to honor the student's preference, the Field Coordinator makes the final decision regarding agency placement.

Signature:	Date:
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CODE OF ETHICS

I agree to adhere to the ethical principles as set forth in the Code of Ethics:

- Service above self-interest
- Social justice for vulnerable populations
- Respect for the dignity and worth of person's including understanding of cultural and ethnic diversity
- Importance of human relationships as a vehicle for change
- Acting with integrity
- Competence in professional knowledge and skills

I have read the attached agreement and understand the responsibilities stated therein.

YES NO

Signature:	Date:
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MUTUAL RESPONSIBILITIES AGREEMENT

Although the Field Coordinator cannot guarantee a specific placement for anyone, efforts will be made to match individual needs with agency needs. A student may not contact an agency independently to establish a field practicum. Although the Field Coordinator puts a priority on educational goals, learning requests, diversity of students, agency location and transportation concerns, the Field Coordinator will make the final decision regarding agency placement. Field experience work hours are expected to vary with the agency but will adhere to daytime office hours. Read the attached agreement and check the box below to indicate your understanding.

I have read the attached agreement and understand the mutual responsibilities stated therein.
 YES NO

Signature: _____ Date: _____

Check the preferred level of Social Work target system(s) you prefer to work?

- Micro: Individuals, couples & small families
- Mezzo: Families & groups
- Macro: Organizations, communities, Policy and legislative advocacy

Check the preferred target age group you prefer to work?

- Children (birth-8years) Youth (8-12years) Adolescents (13-21years)
- Adults (22-64years) Senior Citizen (65 + years)

What client population would you prefer to work with? Indicate your 1st, 2nd, and 3rd choices for field placement:

<input type="checkbox"/> Children Welfare	<input type="checkbox"/> Homeless	<input type="checkbox"/> Gerontology
<input type="checkbox"/> Veterans	<input type="checkbox"/> Youth/Adolescents	<input type="checkbox"/> Public/Mental Health
<input type="checkbox"/> Rehabilitation/ Developmental Disabilities	<input type="checkbox"/> Substances Abuse	<input type="checkbox"/> Battered women
<input type="checkbox"/> School	<input type="checkbox"/> Correctional Institutions	
<input type="checkbox"/> Community Organizations	<input type="checkbox"/> Specific ethnic group(s) (please specify which one(s):	
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> No preference	

What city would you prefer to work in? Please check all that apply.	
<input type="checkbox"/> Xenia	<input type="checkbox"/> Dayton
<input type="checkbox"/> Springfield	<input type="checkbox"/> Fairborn
Do you need any of the following? Please check all that apply below.	
<input type="checkbox"/> Wheelchair or other ambulatory need	<input type="checkbox"/> Visual assistance
<input type="checkbox"/> Hearing assistance	<input type="checkbox"/> Bus route <input type="checkbox"/> Other (please specify):
During your Field Experience, will you maintain other employment?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes and I intend to work _____ hours per week (insert # of hours)
How many moving traffic violations have you had in the past 12 months?	
Do you have <i>any</i> past drug and/or felony convictions? Please be aware that failure to disclose this information could jeopardize a prospective field placement.	
<input type="checkbox"/> I have no history of drug and/or criminal convictions.	
<input type="checkbox"/> Drug conviction(s) (please specify):	
<input type="checkbox"/> Felony / Misdemeanor conviction(s) (please specify):	
<input type="checkbox"/> Other (please specify):	
Please check all that apply to you:	
<input type="checkbox"/> I have no moving traffic violations on my driving record.	
<input type="checkbox"/> I can communicate in a non-English language.	
<input type="checkbox"/> I can communicate in sign language.	
<input type="checkbox"/> I have previous volunteer experience.	
<input type="checkbox"/> I am trained in CPR.	
<input type="checkbox"/> I am trained as an Emergency Medical Technician.	
<input type="checkbox"/> I have other specialized training that may be of interest to my field instructor (please specify):	
Please provide a typed written response on the following questions below:	
<ul style="list-style-type: none"> • If applicable, please describe any Social Work and/or charity work experience you have and include dates and hours completed: • Describe current job responsibilities (if applicable): • List three specific goals for placement: 	

I certify that the previous information is true and valid. I agree that the CSU Field Coordinator and potential instructor(s) will have access to information contained in this application and I understand that this application may be viewed by agency personnel, specifically by the field Instructor(s) to whom I will be assigned.

Print full name:

Signature:

Date:

Field Instructor Information Form

Instructor Name: _____

Agency Name: _____ Phone: _____

Agency Address: _____

E-mail Address: _____ Fax: _____

Job Title: _____ Full-time _____ Part-time _____

Years of service with agency: _____ Previous field instruction experience? _____

Areas of specialization: _____

Licensed or certified? Yes _____ No _____

License/certification number (s): _____

Educational Background:

Name of Graduate School: _____

Location: _____

Area(s) of Study: _____

Degree: _____ Year of Graduation (If less than 5 years ago): _____

Professional Work Experience: Please begin with position prior to current position

Agency name: _____

Agency address: _____

Job Title: _____ Full-time _____ Part-time _____

Length of time with agency: _____

Agency name: _____

Agency address: _____

Job title: _____ Full-time _____ Part-time _____

Length of time with agency: _____

