

# Student Field Application



## Student Field Experience Application

### 1. General Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Local/Campus Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Work#: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_ Apartment #: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Work: \_\_\_\_\_

Physical Challenges or other limits on your activities: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Wheelchair \_\_\_\_\_ Hearing Impaired \_\_\_\_\_ Visually Impaired \_\_\_\_\_

List any special conditions or limitations to be considered in arranging your field placement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Driving Information:

Do you have a valid Texas driver's license? \_\_\_\_\_ Do you have an automobile? \_\_\_\_\_

Do you have automobile insurance? \_\_\_\_\_

Will you have access to a car during your field placement? \_\_\_\_\_

### 2. Field Eligibility

Have you met with your Senior Advisor to ensure you have taken all courses needed prior to field?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you plead guilty, no lo contender, or been convicted or received probation before judgment of any criminal act (excluding traffic violations)? Yes \_\_\_\_ No \_\_\_\_ If Yes, please

give reason below. This information will be held confidential according the Social Work Code of Ethics guidelines. Many agencies require background checks.

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**4. Are you currently employed?** Yes \_\_\_\_\_ No

\_\_\_\_\_  
If yes, number of hours per week worked: \_\_\_\_\_

**5. Have you any preference as to kind of settings, target populations, ages, etc. (Not specific agencies) with which you would like to work? Why?**

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**6. List possible agencies that you believe you would like to interview with:**

Agency

Program Name

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**COMPLETE ATTACHED “BRIEF BIOGRAPHICAL STATEMENT” FORM. YOUR APPLICATION WILL NOT BE PROCESSED IF THIS FORM IS *NOT* ATTACHED AND COMPLETED.**

I hereby authorize release of this information and other pertinent information necessary o those agencies considering me for field placement.

\_\_\_\_\_  
(Student’s Signature)

\_\_\_\_\_  
(Date)

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**Advisor**

I have reviewed the Student’s Degree Plan and verify that the student has had or will e taking concurrently the coursework that must be complete in order to be eligible for the field course applied for.

\_\_\_\_\_  
Advisor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Field Coordinator’s Signature

\_\_\_\_\_  
Date

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Agencies Referred To	Field Instructor	Date Referred
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