

JARVIS CHRISTIAN UNIVERSITY SOCIAL WORK PROGRAM
AGENCY FIELD PLACEMENT APPLICATION

CONTACT INFORMATION

Organization/Agency _____

Contact Person Name _____

Title/Position _____

Phone _____ Fax _____

E-mail _____

Web Address, if applicable _____

Address _____

City/Town _____ State _____ Postal Code _____

Hours of Operation

(Please circle all that apply)

Mornings Afternoons Evenings Full Day Flexible

Mon Tues Wed Thurs Fri Sat Sun

Additional Details _____

Which areas of interest are best met through this opportunity? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Gay/Lesbian/ | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Adult Mental Health | <input type="checkbox"/> Bisexual/ | <input type="checkbox"/> Social Service |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Transgender/ Queer | <input type="checkbox"/> Spiritually |
| <input type="checkbox"/> Basic Needs | <input type="checkbox"/> International Social | <input type="checkbox"/> Woman Abuse |
| <input type="checkbox"/> Child Abuse, | <input type="checkbox"/> Work | <input type="checkbox"/> Women |
| Maltreatment, Neglect | <input type="checkbox"/> Medical Social Work | |
| <input type="checkbox"/> Children & Youth | <input type="checkbox"/> Men | |
| <input type="checkbox"/> Children's Mental | <input type="checkbox"/> Other | |
| Health | <input type="checkbox"/> Partner Abuse | |
| <input type="checkbox"/> Community | <input type="checkbox"/> Policy | |
| Development | <input type="checkbox"/> Politics | |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Poverty & | |
| <input type="checkbox"/> Crisis | Homelessness | |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Prevention | |
| <input type="checkbox"/> Education | <input type="checkbox"/> Race & Ethnicity | |
| | <input type="checkbox"/> Research | |
| | <input type="checkbox"/> Seniors | |

INFORMATION FOR STUDENTS

What learning activities are available to students in your organization? *(Please check all that apply)*

- ☐ Prevention services
- ☐ Client assessment
- ☐ Case management
- ☐ Crisis intervention
- ☐ Discharge planning
- ☐ Client education
- ☐ Advocacy
- ☐ Individual counseling
- ☐ Family counseling
- ☐ Group counseling
- ☐ Couples counseling
- ☐ Policy Practice
- ☐ Community practice
- ☐ Fundraising
- ☐ Program development
- ☐ Project management
- ☐ Program evaluation
- ☐ Board meetings
- ☐ Volunteer management
- ☐ Home visits
- ☐ Research
- ☐ Other _____

What are the days and hours of operation of your agency?

Days _____ Hours _____

Are there opportunities for students to complete field hours in the evenings and on weekends? Yes _____ No _____

If yes, please describe

Are placements available at a single site or multiple sites? _____ Single _____ Multiple

If there are multiple sites, please describe them below

Are there other prerequisites required for placement? Yes _____ No _____

If yes, check all that apply.

- ☐ Physical Exam
- ☐ Application
- ☐ Fingerprints
- ☐ Orientation/Training
- ☐ Background Check
- ☐ Drug Screen
- ☐ TB Test
- ☐ Other (*Please specify*)

Please provide a summary of the internship, including what the agency can offer the student regarding learning opportunities, the client population served, and the hours provided to students. This information will be made available to students for review in requesting Field Experience.