

ALBANY STATE UNIVERSITY
Department of Psychology, Sociology, and Social Work
504 College Drive

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<p style="text-align: center;">SOCIAL WORK PROGRAM APPLICATION FOR FIELD INSTRUCTION</p> <p>SEMESTER: Check one – [] Fall; [] Spring</p>

DIRECTIONS: This application **must be typed**, and information must be completed. Make three copies of this application. Attach a most recent photo on the application. You may submit two wallet size photos. The photos must be attached to two of the applications. **NASW membership and Liability insurance** must be applied for and processed prior to entering field placement. Proof of NASW membership and Liability Insurance must be given to the Field Coordinator before **the end of the semester in which you applied for field placement.**

PERSONAL DATA

NAME: _____ DATE: _____
Last First Int.

CURRENT MAILING ADDRESS:

Number Street Apt # City State Zip
PERMANENT MAILING ADDRESS:

Number Street Apt # City State Zip
TELEPHONE: _____ ; _____ E-MAIL _____
Area Code Number (Home) Area Code Number Work/Mobile

RACE _____ GENDER: [] M; [] F SOCIAL SECURITY NUMBER: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____
Last First Int.

ADDRESS _____
Number Street Apt City State Zip

TELEPHONE: _____ ; _____ E-MAIL _____
Area Code Number (Home) Area Code Number Work/Mobile

ACADEMIC DATA

COLLEGES YOUHAVEATTENDED:

School/University Address

School/University Address

School/University Address

List Courses Presently Enrolled:			
Courses and Numbers	Hrs	Courses and Numbers	Hrs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Number of Credit Hours: _____			

List all courses to be taken while in Field Placement including SOCWK 4470 and 4471:			
Courses and Numbers	Hrs	Courses and Numbers	Hrs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Number of Credit Hours: _____			

Total Number of Hours Completed: _____

GPA: Cumulative: _____ Social Work _____

Date Passed Regent's Exam: _____

EMPLOYMENT

Are you currently employed? [] Yes [] No If yes, Number of hours you work per week? _____

Do you plan to continue to work during field placement? [] Yes [] No

If yes, what are your plans for managing employment and 32 hours per week in field placement? _____

TRANSPORTATION

Do you have an automobile at your disposal? Yes No

Do you have a valid Georgia driver's license? Yes No License Number _____

Do you have any outstanding driving violations? Yes No If yes, please explain _____

If transportation is going to be problematic please explain _____

BACKGROUND CHECK

NOTE: Most social service agencies complete background checks prior to students starting an internship, please answer the following questions very honestly.

Have you ever been charged with a felony? Yes No If yes, what were the charges? _____

Were you convicted of the charges? Yes No If yes, explain the outcome. _____

FIELD PLACEMENT INFORMATION

Do you have personal obligations that would interfere with field placement? Yes No

If yes, explain _____

Do you speak a second language? Yes No If yes, list _____

Field Placement Interest (Rank in order of preference using numbers 1 through 12)

- | | | |
|--|--|--|
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> Medical Social Work | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> Public Welfare | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> IV-E Child Welfare | <input type="checkbox"/> Corrections | <input type="checkbox"/> School Social Work |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Other (Specify) _____ |

Geographical Location for Placement (Rank in order of preference numbers 1 through 4)

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

List other factors that could be considered in determining the best field placement assignment for you.

NOTE: Complete the attached biographical sheet. It must be typed and include the following information:

Name

Where you reside within the 24 county catchment areas of Albany State University?

Work experiences

Volunteer experiences (**separate class volunteer experiences from others**) and describe how the experiences were related to social work skills

Relevant life experiences

What skills you hope to develop while in field placement?

What do you see yourself doing professionally after graduation?

What do you see yourself doing three to five years from graduation date?

What is your ultimate career objective?

What skills do you hope to develop while in field placement?

Describe what you expect from your field experience?

Give any other information about yourself or comments you would like to convey to a potential field instructor

Please make a special effort to complete this biographical sketch using the appropriate language, as a copy of this form may be mailed to the potential field instructor as an introduction on your behalf. Please sign below as an authorization for your information to be shared.

AUTHORIZATION

I hereby authorize release of my biographical sketch and other pertinent information necessary to agencies considering me for field placement and to my field placement agency.

Student's Signature

Date

Print Name

Advisor/Field Coordinator Signature

Date