

# ALBANY STATE UNIVERSITY

## Department of Social Work

504 College Drive

Telephone: (229) 430-2870

Fax: (229) 430-6490

### DEPARTMENT OF SOCIAL WORK APPLICATION FOR FIELD INSTRUCTION

**SEMESTER: Check one – [ ] Fall; [ ] Spring**

**DIRECTIONS:** This application **must be typed**, and information must be completed. Make three copies of this application. Attach a minimum of two wallet size photos to two copies of the applications. 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 **no later than the 5<sup>th</sup> week 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 \_\_\_\_\_  
(Home)Area Code Number Work/Mobile

RACE \_\_\_\_\_ GENDER: [ ] M; [ ] F RAM ID NUMBER: \_\_\_\_\_

### EMERGENCY CONTACT

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
Last First Initial

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:

<b>Courses and Numbers</b>	<b>Hrs.</b>	<b>Courses and Numbers</b>	<b>Hrs.</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Number of Credit Hours:** \_\_\_\_\_

List all courses to be taken while in Field Placement including SOCWK 4470 and 4471:

<b>Courses and Numbers</b>	<b>Hrs.</b>	<b>Courses and Numbers</b>	<b>Hrs.</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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 \_\_\_\_\_

\_\_\_\_\_

**I hereby acknowledge and accept responsibility for securing reliable transportation and a valid driver's license prior to the first day of field, for the purpose of complying with the field practicum experience policy. I understand that I will not be permitted to enter my assigned placement without the two documents (license and transportation)**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**BACKGROUND CHECK**

NOTE: Most social service agencies complete background checks prior to students starting an internship, please answer the following questions very honestly. **(If you have had any court actions, submit the disposition with the application)**

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

\_\_\_\_\_

Were you convicted of the charges?  Yes  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.**

\_\_\_\_\_

\_\_\_\_\_

Many of our affiliated agencies have begun to require criminal background checks and drug screenings of all potential employees and student interns.

If you have any concerns about these procedures, please see the BSW Field Coordinator or the BSW Program Director/Department Chair. o **I have read this statement \_\_\_\_\_ [Please initial]**

**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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Advisor/Field Coordinator Signature

\_\_\_\_\_  
Date

## **BIOGRAPHICAL SKETCH**

**(Use As Additional Page for Biographical Info)**

**FIELD PLACEMENT RECOMMENDATION: (Do not attach to your field application)**

\_\_\_\_\_ is recommended as a candidate for field placement  
Student's Name (Please Type)

Upon the completion of the presently enrolled courses listed in page 2

Only if the following items have been taken care of:

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

\_\_\_\_\_  
Advisor's Signature Date  
\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_ is not recommended as a candidate for field placement  
Student's Name

- Associate Degree not on Transcript
- Have not met Social Work Curriculum requirements
- Have not completed Area \_\_\_\_\_

\_\_\_\_\_  
Advisor's Signature Date  
\_\_\_\_\_  
Student's Signature Date

OFFICIAL USE ONLY		
AGENCY ASSIGNED TO	FIELD INSTRUCTOR	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Field Coordinator's Signature		Date
_____	_____	_____
Director's Signature		Date