

## Agency Form

Date:			
Agency Name:			
Agency Street Address:			
City:	State:	Zip Code:	Phone:
County:	Country:	Fax:	
Agency Web Address/URL:			
Intern Coordinator:		Intern Coordinator Title:	
Intern Coordinator Email:		Intern Coordinator Phone:	

### INSURANCE

- Does the agency's general liability insurance cover students?  Yes  No
- If students are expected to transport clients in their person vehicle, does the agency's automobile insurance cover them?  Yes  No

### PERSONAL SAFETY

- Does the agency include personal safety training and student orientation?  Yes  No

### DESCRIPTION OF AGENCY

Area of Practice: \_\_\_\_\_

Area of Organizational Expertise or Primary Focus: \_\_\_\_\_

Client Population Served: \_\_\_\_\_

Capacity for Student Interns: \_\_\_\_\_

### FIELD OF SERVICE: (check all that apply)

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Addictions<br><input type="checkbox"/> Adult Day Care<br><input type="checkbox"/> Advocacy<br><input type="checkbox"/> Case Management<br><input type="checkbox"/> Child Welfare:<br><input type="checkbox"/> Adoption<br><input type="checkbox"/> Family Preservation<br><input type="checkbox"/> Foster Care<br><input type="checkbox"/> Protective Service<br><input type="checkbox"/> Community Health<br><input type="checkbox"/> Community Planning<br><input type="checkbox"/> Community Relations | <input type="checkbox"/> Criminal Justice:<br><input type="checkbox"/> Drug Court<br><input type="checkbox"/> Forensic Social Work<br><input type="checkbox"/> Juvenile Justice<br><input type="checkbox"/> Mental Health<br><input type="checkbox"/> Probation/Parole<br><input type="checkbox"/> Offender Program<br><input type="checkbox"/> Restorative Justice<br><input type="checkbox"/> Victim Services<br><input type="checkbox"/> Developmental Disabilities<br><input type="checkbox"/> Disaster Preparedness<br><input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Eating Disorders<br><input type="checkbox"/> Education<br><input type="checkbox"/> Economic Development<br><input type="checkbox"/> Emergency Assistance<br><input type="checkbox"/> Emergency Management<br><input type="checkbox"/> Employee Assistance<br><input type="checkbox"/> Employment<br><input type="checkbox"/> Family Court<br><input type="checkbox"/> Family Services:<br><input type="checkbox"/> Adoption<br><input type="checkbox"/> Divorce/Custody<br><input type="checkbox"/> Family Preservation |
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- Foster Case
- Gerontology
- HIV/AIDS
- Health and Wellness Program
- Homelessness
- Home Health
- Hospice
- Hospital:
  - Acute Medical
  - Psychiatric
- Housing Development
- Information/Referral

- International Services
- Legal Services
- Outpatient Mental Health
- Physical Disabilities
- Prevention (Please Specify) \_\_\_\_\_
- Rehabilitation:
  - Acute Physical,
  - Subacute
  - Vocational
- Religion/Spirituality
- Residential Care

- Children
- Elderly
- School
  - Private
  - Public
- Skilled Nursing Facility
- Women's Services
- Other: \_\_\_\_\_

**PRACTICUM LEARNING OPPORTUNITIES AVAILABLE:** (check all that apply)

**Clinical:**

- Aftercare
- Assessment
- Case Management
- Client Empowerment
- Prevention/Education
- Counseling
- Crisis Intervention
- Discharge Planning
- Education
- Information Referral
- In-Home Services
- Mentoring
- Multidisciplinary Teamwork
- Therapy:

- Individual
- Families
- Groups
- Other (please specify): \_\_\_\_\_

**Community:**

- Advocacy
- Community Development
- Community Education
- Community Organizing
- Conference Planning
- Community Group Work
- Government Relations
- Legal Services
- Networking
- Outreach
- Policy Analysis and/or Information
- Prevention
- Public Speaking
- Research
- Social Action

- Teaching (Classroom)
- Understanding Community Systems
- Working with Volunteers
- Other (please specify): \_\_\_\_\_

**Management:**

- Administration
- Budgeting/Fiscal Mgt.
- Consultation/ Collaboration
- Data Collection
- Fund Raising:
  - Grant Writing
  - Events
  - Donor Development
- Human Resources Development
- Peer Review
- Personnel Mgt.
- Planning
- Program Coordination
- Program Development
- Program Evaluation
- Public Relations

- Quality Assurance
- Research
- Work With Groups:
  - Board
  - Committees
  - Community
- Other (please specify): \_\_\_\_\_

**Describe Your Procedure For Selecting Practicum Students:**

- Cover Letter/Resume
- Face-To-Face Interview
- Other: \_\_\_\_\_

**Requirements of Students:**

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Immunization/Health Verification If **Yes**, please specify: \_\_\_\_\_

Criminal Background Check \_\_\_ Other (please specify): \_\_\_\_\_

*Does The Agency Cover The Costs Of These Tests/Verifications Listed Above?* \_\_\_\_\_

**Eligible Field Instructor on Site:**

MSW and two years post-MSW social work experience to supervise MSW students.

To supervise BSW students, instructor must have an MSW and 2 years post MSW experience or a BSW with three years post-BSW experience

**Field Instructor Name, Degree, BSW/MSW received from:** \_\_\_\_\_

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**COMMENTS/ADDITIONAL INFORMATION:**