

## Application for Field Practicum – Generalist Internship

If you are printing this form to write it manually, please use **BLACK INK**. Otherwise place the cursor on the lines to type. The space will expand as needed.

Email, Mail or Submit this application and an electronic version of your Résumé to the interview with the Director of Field Education:

Twyla E. Smith, MSW  
Director of Field Education  
015 Nethery Hall  
4141 Administrative Drive  
Berrien Springs, MI 49104-0038

**Entering Field Placement during which semesters/sessions?**

Fall/Spring       Spring/Summer

**STUDENT ID#:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

**Contact Information:**

<b>NAME</b>				<b>GENDER</b>
				<input type="checkbox"/> Male
				<input type="checkbox"/> Female
<b>STREET ADDRESS (include Apt.#)</b>				
<b>CITY, STATE, &amp; ZIP</b>				
<b>DATE OF BIRTH</b>				
<b>E-MAIL ADDRESS</b>				
<b>CURRENT G.P.A</b>				
<b>CURRENT PHONE</b>	<b>CELL PHONE</b>	<b>WORK PHONE</b>	<b>PERMANENT PHONE (If Different)</b>	
<b>HOME COUNTRY IF INTERNATIONAL</b>		<b>HOW TO REACH YOU DURING THE SUMMER (E-mail that you check regularly)</b>		

LANGUAGE(s):	PROFICIENCY:

**Summer Address:**

<b>STREET ADDRESS (include Apt.#)</b>	
<b>CITY</b>	
<b>STATE AND ZIP</b>	

**Emergency Contact:**

<b>STREET ADDRESS (include Apt.#)</b>	
<b>CITY</b>	
<b>STATE AND ZIP</b>	
<b>TELEPHONE</b>	
<b>EMAIL</b>	

**\*\*NOTE: Please notify the Field Education Office of any changes in the above information at 269.471.6600, fax: 269.471.3686, or e-mail – [twyla@andrews.edu](mailto:twyla@andrews.edu)**

**PLEASE CIRCLE OR WRITE IN THE APPROPRIATE ANSWER BELOW**

<b>Will you have a car available to drive to your field placement?</b>  <b>***PLEASE NOTE: <u>Transportation to and from field placement agency is the RESPONSIBILITY OF THE STUDENT. Students without a car have very limited placement options.</u></b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Are you willing to accept an assignment that has hours outside of the normal workday (i.e. 9am-5pm)?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Are you willing to accept an assignment that includes weekends?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

<p><b>Have you ever been convicted of a crime? If yes, please provide the date of your conviction and a brief description of the incident:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><b>Are you attaching an employment-based placement proposal?</b></p> <p>An “<i>Employment-based Placement Proposal</i>” is applicable to those students who wish to complete their field placement practicum at their current place of employment/agency.</p> <p>***According to the CSWE guidelines, the following are required in the proposal:</p> <ul style="list-style-type: none"> <li>• Current job description</li> <li>• Name of current supervisor</li> <li>• Description of how internship activities differ from job description</li> <li>• A different supervisor must be assigned for internship activities</li> </ul>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><b>List number of months/years employed in the helping profession if applicable:</b></p>		
<p><b>List number of months/years volunteering in the helping profession if applicable:</b></p>		

**\*AREAS OF INTEREST: PLEASE CHECK TOP 3 AREAS OF PRACTICE**

<input type="checkbox"/> Adolescent Health <input type="checkbox"/> Aging <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Bereavement/End of Life Cycle <input type="checkbox"/> Children, Youth, and Family Services <input type="checkbox"/> Clinical Social Work <input type="checkbox"/> Diversity & Equity	<input type="checkbox"/> Health <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> International <input type="checkbox"/> Peace & Social Justice <input type="checkbox"/> School Social Work <input type="checkbox"/> Violence <input type="checkbox"/> Other _____
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*Describe any special circumstances which you would like us to consider in the selection process or that might influence your ability to participate in and successfully complete your field education experience:*

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**ALL INTERVIEWS FOR POTENTIAL FIELD PLACEMENTS MUST BE  
ARRANGED AND APPROVED BY THE DIRECTOR OF FIELD EDUCATION.**

**ALTHOUGH WE CANNOT GUARANTEE THAT YOU WILL BE PLACED IN ONE OF YOUR  
PREFERRED SETTINGS, THIS INFORMATION WILL BE USED TO DETERMINE AN  
APPROPRIATE SITE.**

*I give my permission for the field education office to share this form and a copy of my personal statement  
with potential field placements.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please contact us in the Office of Field Education with any questions.**

Graduate Assistants: 269-471-6766

Director of Field Education: 269-471-6600

Email: [twyla@andrews.edu](mailto:twyla@andrews.edu)

**Andrews University  
Department of Social Work**

**BSW/1st Year MSW Field Placement Student Agreement**

I \_\_\_\_\_, am a student in the Department of Social Work at Andrews University. I understand and agree, in accordance with the curriculum requirements outlined in the Undergraduate/Graduate manual, that in order to complete the program in social work in which I am enrolled, I will be required to complete a field placement (otherwise known as an internship) with an agency or organization outside of Andrews University (includes placement sites that are campus based).

I further understand and agree that while I am in field placement for the Department of Social Work at Andrews University, I may be placed at an agency that may require me to utilize my personal vehicle for transportation purposes. I further state that I have automobile insurance that is current and in compliance with the laws of the State of Michigan as of the date of this agreement. I am aware that Michigan is a no-fault insurance state and I will take full responsibility for checking with my insurance carrier regarding my coverage. I understand that the Department of Social Work at Andrews University and/or the University is not responsible for my automobile insurance coverage. I am responsible for insuring that I have adequate and appropriate insurance prior to using my personal vehicle for field placement business. I accept this responsibility and I specifically release Andrews University, its schools, departments, agencies, officers, directors, and employees from any such responsibility or liability.

By signing this agreement, I am also confirming that I have a valid driver's license issued by my home State and that I can operate a motor vehicle without restrictions unless indicated below:

**RESTRICTION ON DRIVERS LICENSE? (check one):**

Yes If yes, explain:

No

**ACCOMMODATION FOR DISABILITIES**

Any student with a documented disability (e.g., physical, learning, psychiatric, vision, hearing, etc.) who needs to arrange reasonable accommodations must contact Mrs. Carletta Witzel, Director, Student Success Center, 269-471-6096, and/or at [success@andrews.edu](mailto:success@andrews.edu) at the beginning of the semester. A disability determination must be made by this office before any accommodations are provided by the instructor.

I hereby give my permission to the Director of Field Education, Department of Social Work, Andrews University, to release any and all information included in my application for

field placement and to the School of Social Work to potential Field Instructors. This includes but is not limited to my resume and student agreement.

My signature on this agreement indicates that I have read and understand this agreement and represents that I meet all criteria listed above.

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NAME (Print)

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SIGNATURE

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DATE