

Andrews University

School of Social Work

Application for Field Practicum Advanced Generalist

Submit this application and your current Résumé using the dropboxes in the **SOWK – 2020/2021 Advanced Field Practicum** classroom via www.learninghub.andrews.edu prior 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:

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

LANGUAGE(s):	PROFICIENCY:

Summer Address:

STREET ADDRESS (include Apt.#)	
CITY	
STATE AND ZIP	

Emergency Contact:	
STREET ADDRESS (include Apt.#)	
CITY	
STATE AND ZIP	
TELEPHONE	
EMAIL	

NOTE: It is your responsibility to update the Field Education Office of changes to your contact information via e-mail – sowkfield@andrews.edu

	YES	NO
<i>Transportation to and from field placement agency is the RESPONSIBILITY OF THE STUDENT. Students without a car have very limited placement options.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Will you have a car available to drive to your field placement?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to accept an assignment that has hours outside of the normal workday (i.e. 9am-5pm)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to accept an assignment that includes weekends?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime? If yes, please provide the date of your conviction and a brief description of the incident:	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to receive an employment-based internship Proposal?	<input type="checkbox"/>	<input type="checkbox"/>
Some students may be eligible to do their internship at their place of employment. To find out if you are eligible, complete the self-assessment questionnaire in the SOWK – Advanced Field Practicum classroom on www.learninghub.andrews.edu		

List number of months/years employed in the helping profession if applicable:	
List number of months/years volunteering in the helping profession if applicable:	

AREAS OF PRACTICE:

Indicate your **TOP 3** preferred areas

- | | | |
|--|---|--|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Corrections/Criminal Justice | <input type="checkbox"/> Health/Integrative Health |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Immigrant/Refugee |
| <input type="checkbox"/> Aging/Gerontology | <input type="checkbox"/> Displaced Persons/Homelessness | <input type="checkbox"/> LGBTQ |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Military/Veterans |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Family Services | <input type="checkbox"/> School Social Work |
| <input type="checkbox"/> Community Mental Health | <input type="checkbox"/> Global/International | <input type="checkbox"/> Social Policy |
| | | <input type="checkbox"/> Other: _____ |

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:

POTENTIAL FIELD PLACEMENTS MUST BE ARRANGED IN CONSULTATION WITH THE DIRECTOR OF FIELD EDUCATION.

By signing this form, I give my consent for the Department of Social Work Field Education program to share this form and my resume with potential field placements. I understand that my internship site cannot be guaranteed and that it is my responsibility to secure a placement in consultation with the Director of Field Education.

SIGNATURE: _____

DATE: _____

Please direct any questions to sowkfield@andrews.edu

Advanced Generalist 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 practicum (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 practicum 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 ensuring 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 No

If yes, explain: _____

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 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.

NAME (Print)

SIGNATURE

DATE