

**University of Saint Francis
Social Work Program**

Field Practicum Application

PERSONAL DATA: (PLEASE PRINT)	
Name (include Mr., Mrs., Ms.): _____	
USF Mailing Address: _____	
City/State/Zip: _____	
School Phone Number: _____	
Home Mailing Address: _____	
City/State/Zip: _____	
Home Phone Number: _____	
Date of Birth: _____	Marital Status: _____
Gender: Female <input type="checkbox"/>	Male <input type="checkbox"/>
Number of children living with you: _____ Ages: _____	

Please check the practicum course you are applying for:

- _____ SOCW 440 Practicum I
- _____ SOCW 450 Practicum II
- _____ SOCW 460 Combined Practicum I and II

Anticipated field placement

_____ Semester _____ Year

Briefly describe any prior social work experience you have had. Identify your strengths and additional learning goals:

Describe previous practicum and or volunteer experiences. Identify your strengths and additional learning goals:

Please describe your values as they pertain to diverse populations. Is there any population you feel you could not work with? Please describe:

Identify your personal learning goals for the Field Practicum:

Note any special factors you wish to have considered for your field practicum:

Please list any prior misdemeanor or felony convictions you have received:

(Per BSW Program Policy, prior criminal convictions must be disclosed to your BSW Program Advisor and the BSW Program Director. Prior convictions DO NOT necessarily pre-empt your ability to progress in the BSW Program, but knowledge of this information will assist us in providing you with professional advising and in establishing appropriate field practicum placements.)

Are there any family special needs which could limit your choice of a field agency or affect your availability to work certain hours (i.e.: child care arrangements?). Yes No If yes, please explain.

Do you have any physical disabilities that would limit your choice of a field experience agency or require special accommodation? Yes No If yes, please explain.

Do you have any medical condition for which you take prescribed medication that should be discussed with your field instructor? Yes No If yes, please identify illness and medication:

These questions are asked for your protection in case of medical emergency:

Are you covered by a health insurance policy? Yes No

In case of an emergency, who should be contacted?

Name: _____

Phone Number: _____ Relationship: _____

Do you have a valid driver's license? Yes No

Do you have automobile liability insurance? Yes No

Is a car available to you for field placement? Yes No

If no, what arrangements, could you make if necessary for your field placement?

EMPLOYMENT AND VOLUNTEER EXPERIENCE

In the space below, list chronologically all volunteer positions held or work experience held in the field of social services, starting with the most recent experience. ALL volunteer work (e.g. summer camp, Big Brother, Big Sister, Head start, church work, etc.) should be listed.

Month/Year to Month/Year	Firm/Agency & Address	Nature of Position

Do you plan to work while in field placement? Yes No

If yes, please answer the following.

Will you work full-time? Part time? Hours per week: _____

Place of employment: _____

Position: _____

ACADEMIC INFORMATION

Academic Advisor: _____

Anticipated graduate date (month/year): _____

Are you seeking another major in addition to your BSW degree? If yes, please list: _____

Are you seeking any minors or concentrations: Yes No

Please list:

Have you received any other degrees, beyond high school, prior to attending University of Saint Francis?

Yes No If yes, please list below.

Name and Location	Degree/Major/Certificate	Year Received

Academic Distinctions and Honors (Membership in College level honors groups, offices held, scholarships, awards):

College/social work extra-curricular activities; community activities:

What are your future educational plans?

- I plan to work after conferral of a BSW degree.
- Work first and then continue graduate study in the area of _____.
- Continue immediately in graduate study in the area of _____.

Consent for Release of Information:

- I agree that the information provided in this document and my current resume may be shared with USF Department of Social Work faculty and prospective field instructors to facilitate planning for my field experience.
- I do not agree to have the information provided in this document shared with prospective field instructors.

Student signature: _____ Date: _____

Please attach your resume and return this form to the BSW Program Director with your Application for Final Acceptance to the BSW Program prior to your Admissions Interview. Or return this form and a copy of your resume to the Field Coordinator by April 1st for fall semester placements and November 1st for spring semester placements.

Department of Social Work Use Only:

- Resume Attached
- Date received: _____
- Admissions Interview Date: _____

Comments: *(see Admissions Interview Notes for additional comments)*

BSW Program Chair Signature:

_____ Date

Field Coordinator Signature:

_____ Date