**WEST CHESTER UNIVERSITY - DEPARTMENT OF SOCIAL WORK**

**FIELD SITE INFORMATION FORM**

**Site Name:** Name of the site location where the internship will take place

**Department:** Name of Department the student will be working

**Site Address:** Street address, City, State Zip

**Site Phone:** Site Phone **Other Phone:** Other Phone

**Site Website Address:** Site Website Address

**Primary Point of Contact for Field Placements:** First and Last Name of Primary Contact Person at Field Placement Site

**Phone:** Primary Contact Phone **Secondary** **Phone:** Secondary Contact Phone

**Email:** Primary Contact Email Address

**Parent Organization/Main Office Name:** Name of Parent Organization or Main Office/Name on Affiliation Agreement

**Setting Type (Please select all that apply):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Abuse / Neglect | [ ] Criminal Justice | [ ] Health Clinic | [ ] Medical | [ ] Rehabilitation |
| [ ] Addictions | [ ] Crisis Intervention | [ ] HIV | [ ] Legal Services | [ ] Residential |
| [ ] Adoption / Foster Care | [ ] Developmental Disabilities | [ ] Hospice / Palliative Care | [ ] Mental Health | [ ] School |
| [ ] After-School Program | [ ] Domestic / Family Violence | [ ] Hospital | [ ] Nursing Home | [ ] Senior Services |
| [ ] Cognitive | [ ] Global / International | [ ] Housing / Homelessness | [ ] Out-Patient | [ ] Veterans Services |
| [ ] College Counseling | [ ] Grief / Bereavement | [ ] Immigration / Refugee | [ ] Physical | [ ] Other: Other |
| [ ] Community Center | [ ] Early Intervention | [ ] In-Patient | [ ] Prison / Re-Entry | [ ] Other: Other |

**Population (Please select all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Children / Youth (birth – 12 years) | [ ] Adolescents (13-21 years) | [ ] Adults (22-64 years) | [ ] Seniors (65+ years) |
| [ ] Families | [ ] LGBTQ | [ ] Men | [ ] Women |

**Practice Area (Please select all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Advocacy | [ ] Crisis Intervention | [ ] Information and Referral/ Basic Services | [ ] Policy Practice |
| [ ] Case Management | [ ] Discharge Planning | [ ] Mediation | [ ] Prevention Education |
| [ ] Community Organizing / Development | [ ] Grant Writing / Funding | [ ] Mentoring | [ ] Program Development |
| [ ] Counseling | [ ] Group Work | [ ] Outreach/Prevention | [ ] Program Evaluation / Research |

**Please indicate which of the following are required for this field placement:**

|  |  |  |
| --- | --- | --- |
| [ ] Car  | [ ] Auto Insurance  | [ ] Health Insurance  |
| [ ] Competitive Interview | [ ] HIPPA Training | [ ] Drug Screening |
| [ ] Other Language(s): List Languages | [ ] OSHA/BBP | [ ] Physical |
| [ ] Pre-semester orientation | [ ] CPR | [ ] FBI Clearance |
| [ ] Reference Letters | [ ] Hepatitis B Test | [ ] TB Test |
| [ ] Religious Statement | [ ] WCU Verification Letter | [ ] OIC Verification |

**Other:**

Are there Evening hours available? [ ]  Yes [ ]  No Are Weekend hours available? [ ]  Yes [ ]  No

Will mileage be reimbursed? [ ]  Yes [ ]  No Will a stipend be provided? [ ]  Yes [ ]  No

Anything else we should know? Click or tap here to enter text.

 Full Name, Title

Name, Title

Signature: Type full name in lieu of signature Date: Date.

For Administrative Use Only:

Date of most recent update: Date SharePoint: Date TK20: Date

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