**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

Rev. 9/20/2017