

West Chester University
Undergraduate Social Work Program
Field Practicum Application

Date: _____

Please Print or Type:

1. _____
Last First Middle

2. _____
Street Address during Academic Year City State Zip

3. _____
Home/School Phone ☐ Work Phone ☐ Pager/Cell Phone ☐
☒ Please indicate which number above is the best way to reach you.

4. _____
E-mail address (please include only if you check your email more than 2 times per week)

5. Please check for which internship you are applying:
Junior ☐ Senior ☐

6. What is your current GPA: _____

7. Please check each item accordingly

YES	NO	
___	___	Do you have a current and valid driver's license?
___	___	Will you have a car for transportation?
___	___	Do you have liability coverage for your vehicle?
___	___	Are you willing to car pool?
___	___	Are you fluent in a language other than English? If yes, specify: _____
___	___	Will you be employed during the academic year? If yes, specify number of hours per week: _____
___	___	Are you interested in being considered for an internship at an approved work study site? Prior to checking yes, please determine that you meet the financial eligibility requirements for the work study program at WCU. Please note: Checking yes does not guarantee that you will be matched with a work study site.

8. Discuss what you would like to accomplish during this year's field experience:

Please answer questions 9-11 and attach a resume that contains this and any additional information (about other universities attended, transfers from other majors, volunteer experience, other extra-curricular activities, etc.).

9. **Employment Information:**

Name of Employer	Type of Work	Dates Employed
------------------	--------------	----------------

10. **Volunteer Work:**

Name of Organization	Type of Work	Dates of Service
----------------------	--------------	------------------

11. Honors and Awards Received:

12. Please list from first to last in each category. 1 being the most preferred.

Please be advised that the purpose of prioritizing the following interest areas is to assist in the determination your areas of interest. However, it does not guarantee that you will be matched with an internship that serves your most preferred areas.

CATEGORY A

___ Children (birth – 8 years)
___ Youth (8 – 12 years)
___ Adolescents (13 – 21 years)
___ Adults (22 – 64 years)
___ Senior Citizens (65 + years)

CATEGORY B

___ Abuse/Neglect
___ Adoption/Foster Care
___ Community
___ Corrections
___ Crisis Intervention
___ Developmental Disabilities
___ Domestic/Family Relations
___ Emotional Trauma

___ Mental Health
___ Medical
___ Substance Abuse
___ Outreach
___ Prenatal Health
___ Prevention
___ School

13. Identify three of your personal strengths:

14. Identify three areas to enhance your own personal growth and professional development that you want to focus on during the upcoming academic year:

15. List any physical limitations and/or special circumstances to be considered in arranging your field practicum experience:

16. Self-assessment is a crucial part of social work education. Think through each item carefully and check the most appropriate description of your perception of yourself:

Excellent	Good	Needs Improvement	
_____	_____	_____	My ability to work independently
_____	_____	_____	My ability to follow instructions
_____	_____	_____	My writing skills
_____	_____	_____	My ability to accept criticism
_____	_____	_____	My listening skills
_____	_____	_____	My ability to work with others
_____	_____	_____	My leadership ability
_____	_____	_____	My oral communication skills
_____	_____	_____	My ability to share my ideas with co-workers

17. List anything else that we should know that could affect your time in a field practicum experience.

18. You must provide a photocopy of the following with this application (please check those submitted).

- | | |
|--|--|
| <input type="checkbox"/> Current Driver's License | <input type="checkbox"/> Malpractice Insurance Certificate |
| <input type="checkbox"/> Valid Vehicle Registration | <input type="checkbox"/> Child Abuse Clearance |
| <input type="checkbox"/> Valid Vehicle Insurance Certificate | <input type="checkbox"/> Criminal Background Check |

Note: Please be advised that some sites may require you complete a FBI finger printed based clearance, TB test, drug screening test, physical examination, and or other tests or immunizations. Your placement in the site will be contingent upon passing the required screenings.

I give permission to release any information about me to potential field placements sites that is necessary to obtain an appropriate internship. This includes but is not limited to the information on this Field Practicum Application.

_____	Application Completion Date
_____	Student Signature

