



MSW FIELD APPLICATION

Important issues to keep in mind as you fill out this application:

- **The following certificate REQUIRES a placement with an agency working with that population:**
Children's Services Certificate
- **Health Care Social Work:** Hospitals, cancer programs, rehabilitation units, outpatient clinics and nursing homes.
- **Schools:** School Social Work is NOT guidance counseling. Although school social work is a recognized specialty within the social work profession it is distinctly different from guidance counseling.
- **Home visits:** Are an important part of social work. Many agencies expect that, after training, students will conduct home visits. The School of Social Work is very committed as well to students having the opportunity to make home visits. You cannot refuse home visit assignments unless you feel that there are unusual safety issues. In that case please discuss this with your agency field instructor and the school of social work liaison.
- **Working during the Internship:** If you will have to work during your internship, please keep in mind that you will still be expected to be at your field agency during regular business hours. *You cannot complete your field hours solely working nights and weekends.* Although each agency has different levels of flexibility in developing schedules for students, the School's expectation is that you are consistently available during some of the agency's regular business day. If you do require an agency with flexible scheduling, please note that on your application.
- **Place of employment:** If you are requesting your current place of employment be considered as field placement site, please fill out the section requesting the information. Keep in mind you CANNOT use your current position. Although you may stay in the agency, a new learning experience must be documented. You will have to put this information in writing for the Coordinator of Field Education with an agency administrator's signature.

DIRECTIONS

1. Please **type or print** clearly in ink when completing the application and **make two copies**. Submit the completed original application to the Field Education Office, **take a copy with you when you go for the interview**, and keep one copy for your records (we will not make additional copies for you).
3. Each student enrolling in field courses is provided professional liability insurance through the University of Central Florida, College of Health and Public Affairs.
4. Because of your student status, you may not be covered within your agency's workers' compensation program. Please discuss this with your Field Instructor. Students are, therefore, encouraged to have their own personal medical coverage.
5. Make sure you answer **all** questions on the application. If a question does not apply, note "not applicable" (N/A) in the space provided. See the Field Education Office or your advisor if you have questions about the application or field placement.
6. **No request** for Field Placement will be processed until you have completed all field application forms.



APPLICATION FOR FIELD INTERNSHIP

Date Application is completed: _____

Interested in a Children's Services Certificate:Yes [] No []

PERSONAL DATA:

Name: _____ UCF PID: _____

Address: _____

City, State, Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Birth date: _____ E-mail address: _____

PLEASE PROVIDE KNIGHTS E-MAIL IF AVAILABLE

**NAME OF PERSON(S) TO BE CONTACTED IN CASE OF EMERGENCY:
(Preferably closest relative or friend)**

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home Phone: (_____) _____ Other Phone: (_____) _____

1. Choose only one:

- MSW **Full Time Generalist** Field Education []
- MSW **Part Time Generalist** Field Education []
- MSW **Full Time Clinical** Field Education (Advanced standing students) []
- MSW **Part Time Clinical** Field Education (Advanced standing students) []

2. CAMPUS: [] Orlando [] Osceola [] Daytona

3. Students are responsible for providing their individual travel to and from the agency of placement.

- Do you have a car to drive to your placement? Yes [] No []
- Do you have a car to use in your placement? Yes [] No []
- Do you have a driver's license? Yes [] No []

4. **MEDICAL DATA:**

- a. Describe your general state of health:
- b. If you are a person with a disability, please identify any accommodations needed to enable you to effectively perform course and field work. _____

_____.

5. **EDUCATION:** College(s) attended. For each institution you attended, identify your major, minor, years of attendance, and, if applicable, year of graduation.

College: _____ Years Attended: _____ Date of Graduation: _____
Major: _____ Minor: _____
College: _____ Years Attended: _____ Date of Graduation: _____
Major: _____ Minor: _____

6. **PREVIOUS SOCIAL WORK INTERNSHIP(S):** List name of agency and briefly describe the internship(s) you have completed either as an undergraduate, beginning graduate, or advanced graduate student:

Agency: _____
Description of internship: _____

_____.

7. **SOCIAL ORGANIZATIONS OR EXTRA CURRICULAR SCHOOL ACTIVITIES:**

_____.

8. **PAID EMPLOYMENT HISTORY:** Beginning with your most recent employment, list each job in which you have worked. Describe your responsibilities in each job. Attach additional sheet, if necessary. (If you prefer, you may attach a current resume instead.)

Position: _____ Dates: _____ Full-time _____ Part-time _____
Employer: _____
Duties: _____

Reason for Leaving: _____

Position: _____ Dates: _____ Full-time _____ Part-time _____
Employer: _____
Duties: _____

Reason for Leaving: _____

9. **VOLUNTEER EMPLOYMENT HISTORY:** List name of organizations and describe below any previous work or volunteer experiences you have had, beginning with the most recent. (If you prefer, you may attach a current resume instead.)

Organization: _____

Description of experiences: _____

Organization: _____

Description of experiences: _____

10. **GENERAL HISTORY:**

Most social work agencies have students complete background checks, including formal background checks, law enforcement finger printing, driving records, and criminal record checks. We urge students to seek this information prior to entering field placement if there is sensitive information that may prevent you from being accepted at an agency. **Please contact the Coordinator of Field Education immediately for a personal interview if you believe this may be a problem.** The UCF School of Social Work cannot guarantee a field education placement or subsequent degree completion for students who do not pass background checks. In addition please answer the following questions:

Have you ever been arrested for or convicted of a misdemeanor or felony? [] Yes [] No

Have you ever had adjudication withheld on a misdemeanor or felony charge? [] Yes [] No

If you answer "Yes" to either of the questions above, you **must** schedule an appointment with the Coordinator of Field Education. However, a "Yes" response does not automatically preclude your obtaining a field placement.

11. **FIELD PLACEMENT INTEREST:**

Please rank your areas of interest, 1, 2, 3...etc. You will be assigned to one of the interest areas ranked.

Please attach a brief typed summary of where you would like to complete your field placement and your expectations.

Addictions	Homelessness
Adolescence	Juvenile Justice
Aging	Mental Health
Children/families	Schools
Corrections	Victims/Survivors Services
Grief and Loss	Other
Hospice	

What county would you prefer? [] Orange [] Osceola [] Brevard [] Seminole [] Volusia

Other: _____

What other information do you feel should be considered in planning your field assignment?

15. **AUTHORIZATION FOR RELEASE OF INFORMATION:**

I authorize the UCF School of Social Work to release information to my field placement agency if necessary for the purpose of educational planning.

Signature of student

Date

16. **CONSENT, ASSUMPTION OF RISK, AND RELEASE:**

_____ hereby applies to participate in the **University of Central Florida, School of Social Work Field Internship Program**. I am acquainted with the various risks of serious personal injury or death to myself and others and the significant risk of personal property damage or destruction, and hereby assume for the above-named individual all risks and consequences associated with or arising in connection with such participation.

(Student's Name)

I hereby agree to indemnify and hold harmless the State of Florida, the Board of Regents of the State of Florida, and the University of Central Florida (UCF), their employees and students and all organizations involved in the coordination, hosting, staffing and contribution of equipment and supplies, and their agents, servants and employees from and against any and all claims, damages, actions, liability and expenses in connection with loss of life, personal injury and/or damage to property arising out of my participation in the above-referenced activity.

I HAVE READ THIS CONSENT, ASSUMPTION OF RISK, AND RELEASE AND UNDERSTAND AND FULLY AGREE TO ITS CONTENTS.

Signature of Student

Date

Print Name

Social Security Number

Signature of Parent (If student is a minor under 18 years of age)