



UNIVERSITY OF CENTRAL FLORIDA
School of Social Work

Agency Application for Student Interns

Agency Name: _____ Department or Program: _____

Agency Address: _____

City & State: _____ County: _____ Zip Code: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

Are there other program locations where students may be placed? Yes [] No []

Alternate Location Address: _____

City & State: _____ County: _____ Zip Code: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

1. Levels of student internships offered by agency:

- BSW**
420 hours
28 hours/week during Spring semester
Block placement after course work
Assessments and Case Management
- MSW Generalist Full Time**
500 hours
16 hours/week during Fall Spring semesters
Placement concurrent with course work
Assessments and Case Management
- MSW Clinical Full Time**
550 hours
18 hours/week during Fall Spring semesters
Placement concurrent with course work
Clinical Practice with Individuals, Families, Groups
- MSW Generalist Part Time**
500 hours
12 hours/week during Fall, Spring, Summer semesters
Placement concurrent with course work
Assessments and Case Management
- MSW Clinical Part Time**
550 hours
14 hours/week during Summer, Fall, Spring semesters
Placement concurrent with course work
Clinical Practice with Individuals, Families, Groups

2. In one or two sentences, describe your agency's mission. _____

3. What is extent of employee screening for students i.e. fingerprinting, background check, drug screening etc.?
FDLE [] Drug & Alcohol Check [] Fingerprinting [] Other (please explain): _____

4. Occasionally we have students with minor background issues from their past. Would you consider a student who had such issues? Yes [] No []

5. Will the agency pay the costs of the required background checks? Yes No

6. How does the agency deal with infectious disease prevention (i.e., Hepatitis B shots, TB screening, etc.) with students? _____

7. Will a field student be able to do *direct client service* in your agency? Yes No

a. How many *hours of direct client contact will the student average per week* during internship? _____

b. What will be the *age range of the clients* assigned to the student? _____

c. What kind of *client problems* will the student work with? **Check all that apply.**

- | | |
|---|---|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Adolescence | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Juvenile Justice |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Family | <input type="checkbox"/> Victims/Survivors Services |
| <input type="checkbox"/> Grief and Loss | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Health Care (including nursing facilities) | |

d. How soon after the internship begins will the student be assigned cases? _____

8. What administrative or community projects might you assign to a social work field student?
Describe potential opportunities for students to be involved in indirect services:

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Design New Programs | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Research | <input type="checkbox"/> Quality Assurance |
| <input type="checkbox"/> Other (please explain): _____ | | | |
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9. Does your agency offer stipends or paid internships? Yes No

10. Can your agency reimburse for mileage while the student is on agency business? Yes No

11. Does your agency have evening or weekend internship hours? Yes No

Additional Comments:

Agency Contacts:

Agency Director Name: _____ MSW degree? Yes / No

Director Phone: _____ Director Email: _____

Internship Contact Name: _____ MSW degree? Yes / No

Internship Contact Department or Program: _____

Internship Contact Phone: _____ Internship Contact Email: _____

Supervisor #1 Name: _____ MSW degree? Yes / No

Supervisor #1 Department or Program: _____

Supervisor #1 Phone: _____ Supervisor #1 Email: _____

Supervisor #2 Name: _____ MSW degree? Yes / No

Supervisor #2 Department or Program: _____

Supervisor #2 Phone: _____ Supervisor #2 Email: _____

Supervisor #3 Name: _____ MSW degree? Yes / No

Supervisor #3 Department or Program: _____

Supervisor #3 Phone: _____ Supervisor #3 Email: _____

Supervisor #4 Name: _____ MSW degree? Yes / No

Supervisor #4 Department or Program: _____

Supervisor #4 Phone: _____ Supervisor #4 Email: _____

Supervisor #5 Name: _____ MSW degree? Yes / No

Supervisor #5 Department or Program: _____

Supervisor #5 Phone: _____ Supervisor #5 Email: _____

Thank you for your interest in working with the School of Social Work Field Office. Please return this form to:

Jacque Withers, LCSW, Field Coordinator
UCF School of Social Work
P.O. Box 163358
Orlando, FL 32816-3358

If you have any questions, please contact Jacque Withers at (407) 823-5716 / 823-5230 or jawither@mail.ucf.edu