



College of Public Programs
School of Social Work

Field Agency Profile

Contact Information:

Date: ___/___/___

Agency Name: _____

Address: _____

Suite # / Room # / Building #: _____

City: _____ State: _____ Zip Code: _____

Country (if other than U.S.A.): _____

Phone Number: (____) _____ Fax Number: (____) _____

Website Address: _____ Email: _____

Agency Contact Information: *Certified Field Instructors have attended required SSW training.

Administrator: _____ Title: _____ Phone: (____) _____ - _____ EXT# _____

*Field Instructor: _____ Title: _____ Phone: (____) _____ - _____ EXT# _____

Field Instructor: _____ Title: _____ Phone: (____) _____ - _____ EXT# _____

Certification Training for Field Instruction: Please notify me of future training(s): ___ Yes ___ No

Agency Profile:

1) Agency Region and Funding Status (check all that apply):

- Urban, Rural, Urban / Rural, Tribal Reservation, U.S.A. / Mexico Border Area, Public, Private for profit, Private non profit

2) Field of Service Delivery (check all that apply):

- Advocacy, Adoption/ Foster Care, Aging/Gerontology, Animal/Human Connection, Behavioral Health In-Pt, Behavioral Health Out-Pt, Child Protective Services, Child Welfare Residential, Crisis Response Services, Disability Resources, Domestic Violence, Early Childhood Development, Family/Children's Services, Forensic Services, GLBTQ, Health Care/Medical, Homeless Outreach, Hospice - Palliative Care, Human Rights, Immigration Services, Monolingual Services, Parenting Services, Relapse Prevention, School-based Social Services, Substance Abuse Treatment, Veteran's Services, Other: _____

(Continued)

Continued: Profile of Persons Served at Agency (approximate percentages from last census):

<u>ETHNICITY</u>	<u>AGE</u>	<u>SEX</u>
_____ % Asian	_____ % Infants	_____ % Female
_____ % African American	_____ % Children	_____ % Male
_____ % Caucasian	_____ % Adolescents	_____ % Transgender
_____ % Latino/a	_____ % Young Adults	
_____ % First Nations	_____ % Adults	
Tribe(s): _____	_____ % Geriatric	
_____ % Other: _____		

3) Program of Study Requested: (check all that apply):

- BSW / Undergraduate (Generalist practice and case management opportunities)
- MSW Foundation (Micro practice with individuals, families and groups; case management)
- MSW Direct Practice (Individual, group, and family micro practice opportunities)
- MSW Planning & Administration (Creating or modifying programs, conducting community/agency research, program evaluation, grant writing, development of policies and procedures, and working with boards of directors)
- MSW Community Practice (Community organization/mobilization, conducting needs/assets assessments, grant writing, grassroots fundraising, developing community leaders, program evaluation, lobbying, and monitoring legislation)

4) Please cite the number of internship slots available for each academic block:

BSW / Undergraduate	Fall/Spring semesters: _____	Spring/Summer _____	Summer Block _____
MSW Foundation Year	Fall/Spring semesters: _____	Spring/Summer _____	Summer Block _____
MSW Direct Practice (ADP)	Fall/Spring semesters: _____	Spring/Summer _____	Summer Block _____
MSW Planning, Administration and Community (PAC) (*PAC Faculty approval required prior to student placement).	Fall/Spring semesters: _____	Spring/Summer _____	Summer Block _____

5) Availability of Internship Hours:

- | | | |
|--|---|---|
| <input type="checkbox"/> Traditional Hours
(M-F, 8am-5pm) | <input type="checkbox"/> Weekend Days (Sat/Sun) | <input type="checkbox"/> Special Accommodations
Available: _____ |
| <input type="checkbox"/> Evening Hours: _____ | <input type="checkbox"/> Evenings and Weekends | |

6) Paid placement or stipend available to student per semester:

- | | |
|---|--|
| <input type="checkbox"/> Stipend amount
\$ _____ | <input type="checkbox"/> Second Language Stipend
Amount
\$ _____ |
| | <input type="checkbox"/> Hourly Amount
\$ _____ |

7) Second Language Preference:

<u>Language</u>	<u>Fluency Level</u>		
<input type="checkbox"/> Spanish	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%	<input type="checkbox"/> 100%
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%	<input type="checkbox"/> 100%
<input type="checkbox"/> Preferred, but not required.			

8) Please submit Internship Job Description with Agency Profile.

