



School of Social Work
 Field Education Program
 5500 University Parkway
 San Bernardino, CA 92407
 Phone: (909) 537-5501
<http://socialwork.csusb.edu>

Agency Application

Instructions: The Agency Application is to be completed for all new agencies and when there are significant changes at an agency. Please complete this application in its entirety and email it to Jolynne.Morgan @csusb.edu.

Date:

Agency Information

Agency:	County:		
Program/Site:	Address:		
Website:	City:	State:	Zip:

Coordinator of Contract/MOU's

Name:	Title:
Phone: ()	Fax: ()
E-mail:	

Agency Field Placement Coordinator / Contact:

Name:	Title:
Phone: ()	Fax: ()
E-mail:	

BASW & MSW Field Placements

The agency will be able to offer field placements to students at the following levels of preparedness.
 (Check all that apply and indicate # of students for each)

<input type="checkbox"/> Advanced Level (2 nd Year MSW Students) # of students _____	<input type="checkbox"/> Foundation Level (BASW & MSW I students) # of students with 0-2 years previous experience in human services _____ # of students with 3-5 years previous experience in human services _____ # of students with more than 5 years previous experience in human services _____
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Please identify the professional social workers (must have an MSW) employed by your agency (regardless of their work site location) who are available, qualified and willing to provide field instruction to the social work students who will be placed in your agency. Please attach an additional sheet if necessary.

Field Instructor Name	Phone	Date Received MSW Degree	On-site?
	()		()Yes ()No
	()		()Yes ()No
	()		()Yes ()No
	()		()Yes ()No

Note: Field instructors listed on this application must complete the **Field Instructor Information Form** if they have not done so already.

If there are no professional social workers available, is your agency willing to a) find and sign an agreement with a professional social worker outside your agency to provide on-site field instruction to a student(s) and b) designate a staff person(s) (task supervisor) who will provide daily on-site task supervision and monitoring to the student(s)? ()Yes ()No

Preceptor Name:	Phone: ()
Preceptor Name:	Phone: ()

Agency Profile

- Sector (Check only one): ()Non-Profit ()For-Profit ()Public/Government ()Educational Inst.
- Would your agency be able to offer a stipend for BASW students? ()Yes ()No MSW? ()Yes ()No
- Does the agency require that a student have a vehicle for placement-related duties? ()Yes ()No
- Does your organization use volunteers? ()Yes ()No
If yes, does the organization have a policy covering volunteers? ()Yes ()No
- Does the agency require fingerprints and/or a background check? ()Yes ()No
- Does the agency require health checks and/or vaccinations? ()Yes ()No
- Does the agency bill for 3rd party payments (includes Medi-Cal)? ()Yes ()No
- Does the agency prefer bilingual students to perform client services? ()Yes ()No
If yes, specify language. _____
- Does the agency offer evening and/or weekend hours for field placement? ()Yes ()No
- Does the agency require an early start for training purposes? ()Yes ()No

Note: Students begin field placement the 3rd week in September

Agency Clientele

1. Check the ethnic majority of the agency’s client population. (*Check only one*)

- African American
- Asian / Pacific Islander
- Caucasian
- Latino
- Native American
- Other (*specify*) _____

2. Check the primary population(s) served by the agency.

- Children
- Adolescents
- Adult Men
- Adult Women
- Older Adults
- Families
- Disabled
- Immigrant
- Lesbian, Gay, Bisexual, Transgender (LGBT)
- Other (*specify*) _____

Agency Service Areas

Check the primary service area(s) of practice in the agency.

- Child Welfare (CPS, foster care, adoptions, etc.)
- Mental Health
- Health or Medical
- School-Based
- Disability or Rehabilitation
- Criminal Justice, Corrections or Probation
- Welfare, Employment Assistance or Social Services
- Cultural or Immigrant Services
- Alcohol, Drug or Substance Abuse
- Aging or Gerontology
- Homelessness or Poverty
- Social Justice
- Victim Services
- Other (*specify*) _____

Agency Practice Modalities

Check the level of practice & modality emphasis in which students get actual experience.

<p>Level of Practice <input type="checkbox"/> Direct (<i>micro</i>)</p> <p>Modality Emphasis (<i>Please check all that apply</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Case Management <input type="checkbox"/> Counseling / Therapy <input type="checkbox"/> Advocacy <input type="checkbox"/> Group Work <input type="checkbox"/> Outreach <input type="checkbox"/> Other (<i>specify</i>) _____ 	<p>Level of Practice <input type="checkbox"/> Indirect (<i>meso</i>)</p> <p>Modality Emphasis (<i>Please check all that apply</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Administration <input type="checkbox"/> Supervision <input type="checkbox"/> Other (<i>specify</i>) _____ 	<p>Level of Practice <input type="checkbox"/> Indirect (<i>macro</i>)</p> <p>Modality Emphasis (<i>Please check all that apply</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Policy Development <input type="checkbox"/> Community Organizing <input type="checkbox"/> Planning <input type="checkbox"/> Evaluation <input type="checkbox"/> Lobbying <input type="checkbox"/> Advocacy <input type="checkbox"/> Other (<i>specify</i>) _____
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**Thank you for completing and returning this form.
If you have any questions, please feel free to contact the Director of Field Education or
Field Administrative Assistant at (909) 537-5501.**