

**JARVIS CHRISTIAN COLLEGE SOCIAL WORK PROGRAM**  
**AGENCY FIELD PLACEMENT APPLICATION DATA INFORMATION SHEETS**

**CONTACT INFORMATION**

Organization/Agency \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Web Address, if applicable \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

***Hours of Operation***

(please circle all that apply)

Mornings      Afternoons      Evenings      Full Day      Flexible

Mon      Tues      Wed      Thurs      Fri      Sat      Sun

Additional Details \_\_\_\_\_

**Which areas of interest are best met through this opportunity? (Check all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Addictions                            | <input type="checkbox"/> Disability                                      | <input type="checkbox"/> Poverty & Homelessness |
| <input type="checkbox"/> Adult Mental Health                   | <input type="checkbox"/> Education                                       | <input type="checkbox"/> Prevention             |
| <input type="checkbox"/> Advocacy                              | <input type="checkbox"/> Gay/Lesbian/<br>Bisexual/<br>Transgender/ Queer | <input type="checkbox"/> Race & Ethnicity       |
| <input type="checkbox"/> Basic Needs                           | <input type="checkbox"/> International Social<br>Work                    | <input type="checkbox"/> Research               |
| <input type="checkbox"/> Child Abuse,<br>Maltreatment, Neglect | <input type="checkbox"/> Medical Social Work                             | <input type="checkbox"/> Seniors                |
| <input type="checkbox"/> Children & Youth                      | <input type="checkbox"/> Men   | <input type="checkbox"/> Social Action          |
| <input type="checkbox"/> Children's Mental<br>Health           | <input type="checkbox"/> Other   | <input type="checkbox"/> Social Service         |
| <input type="checkbox"/> Community<br>Development              | <input type="checkbox"/> Partner Abuse                                   | <input type="checkbox"/> Spiritually            |
| <input type="checkbox"/> Corrections                           | <input type="checkbox"/> Policy  | <input type="checkbox"/> Woman Abuse            |
| <input type="checkbox"/> Crisis                                | <input type="checkbox"/> Politics  | <input type="checkbox"/> Women                  |

**INFORMATION FOR STUDENTS**

What learning activities are available to students in your organization? *(Please check all that apply.)*

- Prevention services
- Client assessment
- Case management
- Crisis intervention
- Discharge planning
- Client education
- Advocacy
- Individual counseling
- Family counseling
- Group counseling
- Couples counseling
- Policy Practice
- Community practice
- Fundraising
- Program development
- Project management
- Program evaluation
- Board meetings
- Volunteer management
- Home visits
- Research
- Other\_\_\_\_\_

What are the days and hours of operation of your agency?

Days \_\_\_\_\_ Hours \_\_\_\_\_

Are there opportunities for students to complete field hours in the evenings and/or on weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe

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Are placements available at a single site or at multiple sites? \_\_\_\_\_ Single \_\_\_\_\_  
Multiple

If multiple sites, please describe below

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**Are there other pre-requisites required for placement? Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes, check all that apply.

- Physical Exam
- Application
- Fingerprints
- Orientation/Training
- Background Check
- Drug Screen
- TB Test
- Other (*Please specify*)

Please provide a brief summary of the internship including what the agency can offer the student in terms of learning opportunities, the client population served, and the hours provided to students. This information will be made available to students for review in making their request for Field Experience.