

**Department of Social Work**

**FIELD PLACEMENT APPLICATION**

**BSW**[ ] **MSW**[ ]

**If MSW indicate:** [ ]  **Advanced Standing** [ ]  **Traditional**

[ ] **1st Field Placement** [ ]  **2nd Field Placement**

**Semester you will start field:**

**Name:****Placement County Request:**

**Campus Location:** [ ]  **Bowling Green** [ ]  **Elizabethtown** [ ] **Glasgow** [ ]  **Owensboro** [ ] **Online**

**Best phone number to reach you at:**

**Current Mailing Address (where you currently live):**

**Advisor:          GPA (cumulative):**

**Are you Requesting Worksite placement?     Yes** [ ] **No** [ ]

**Are you PCWCP/Stipend? Yes**[ ] **No** [ ]

**Are you completing the Patient Navigator certificate?  Yes**[ ] **No** [ ]

**Present Employer:**

**Employment History (list Social Work related only):**

**Volunteer History:**

**Please list any accommodations regarding special placement hours or accessibility needs:**

**Background Information:**

**Have you ever been convicted of a crime other than a minor traffic violation, including misdemeanor or felony related to alcohol/drugs (PI, DUI), threats/assault/restraining orders, destruction of property/theft (including shoplifting or bad checks), been involved in domestic violence or child abuse/neglect or any other violation? Yes** [ ]  **No** [ ]  **If YES, a detailed explanation is required.**

**Are there any current criminal charges against you? Yes** [ ]  **No** [ ]

***Please complete 2nd page***

**PLACEMENT INTERESTS:**

**List three Agencies you would like to intern (location):**

**List any Agency you would not accept placement:**

***Areas of interest in regard to:***

**POPULATION:**

[ ]  **Adolescents** [ ] **Adults** [ ] **Children** [ ]  **Corrections/Justice**

[ ] **Diverse Groups/Multicultural** [ ]  **Older Adults** [ ]  **Families**

[ ]  **Persons with Mental Illness** [ ]  **Chronic Physical problems/Terminally ill** [ ]  **Women**

**TYPE OF SERVICE:**

[ ]  **Administration** [ ]  **Aging Services** [ ] **Child Welfare** [ ]  **Community Organization**

[ ]  **Health** [ ]  **Education** [ ]  **Information and Referral** [ ]  **Mental Health**

[ ]  **Policy Practice** [ ]  **Public Assistance** [ ]  **Research** [ ]  **Substance Abuse**

[ ]  **Other**

***I do hereby authorize Western Kentucky University Social Work Field Placement Office to furnish any and all potential Field Agency Placements with any pertinent student records or information, including my criminal history and psychological status to the extent that any such information has a bearing on my ability to perform the responsibilities and expectations of the essential functions of my position as an intern in that agency.  I understand with the entrance of my name and WKU ID number, I am “electronically signing” this document in lieu of a handwritten signature.***

**Signature** **WKU ID No.****Date**