

**STUDENT FIELD PLACEMENT APPLICATION**  
PLEASE PRINT & FILL IN ALL AREAS



Name: _____		Date of Application: _____			
Home Phone: _____	Cell Phone: _____	Work Phone: _____			
Current Address (Street, City, Zip)					
Permanent Address:					
E-Mail Address:					
Special Skills, Foreign Languages:					
Is English your first language? Yes ____ No ____		If not, what is? _____			
Educational Background / Training:					
Field Placement Needs:					
University or College: _____		Degree of Study: _____			
UPP (University Partnership Program): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Internship to begin: (Month/Year) _____		Internship to end: (Month/Year) _____			
Number of hours needed weekly: _____					
Semester Placement needed: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____					
What days and times do you plan to do your field? Specify availability under each day:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____
Are you currently employed? Yes ____ No ____					
Name of Employer	Address	Position	How Long		
_____	_____	_____	_____		
Previous Work Experience:					
_____					
_____					
_____					
_____					

Please List All Previous and Present Volunteer Work:				
Organization/Agency	Address	Duties	Dates: From	To

Are you a licensed / insured driver?  Yes  No      Do you have access to a car?  Yes  No

Do you have points on your driver's license?  Yes  No      If you have points, how many? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_      Auto Insurance Policy Carrier: \_\_\_\_\_

Please be advised the Agency has the following policies that we require you to understand and agree to.

1. **MIS:** You will not knowingly introduce a virus or download any unapproved information into the agency computer.
2. **Confidentiality:** You will be asked to sign a statement that you will maintain client and agency confidentiality.
3. **Corporal Punishment:** You will refrain from using any type of physical discipline with any child you are involved with at the agency.
4. **Criminal Background Check:** You will be required to do a fingerprint criminal background check. Certain offenses may limit your ability for field placement.

**I have,**  **I have not** been convicted of or pled guilty to a crime. I understand that if I am approved to do my field placement at Summit County Children Services, that a law enforcement clearance record will then be run. If you have, please explain:

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**I have,**  **I do not have** previous case involvement with a child welfare agency. I understand that if I am approved to do my field placement at Summit County Children Services, that an Child Welfare Clearance Check will then be run. If you have, please explain:

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Student Signature

\_\_\_\_\_  
Date