

SOCIAL SERVICES 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? _____

Has your driver's license ever been suspended? Yes No

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:

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 a Child Welfare Clearance Check will be run. If you have, please explain:

Student Signature

Date