

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? <input type="checkbox"/> Yes <input type="checkbox"/> No				If not, what is?		
Educational Background / Training:						
Field Placement Needs						
University or College:				Degree of Study:		
Is this field placement a university requirement for graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No						
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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