

WESTERN MICHIGAN UNIVERSITY

School of Social Work

FIELD APPLICATION: 2nd Year MSW Candidate

Please type or print in black ink

Program:

- Full-Time (FT)
- Extended Study (EXT)
- Advanced Standing (ADV)

Concentration:

- Interpersonal Practice (IP)
- Policy, Planning, and Administration (PPA)

Social Security #: _____

Gender: Female (F) Male (M)

Date of Birth: _____

Today's Date: _____

| | |
|--------------------|--|
| NAME | |
| CURRENT ADDRESS | |
| CITY, STATE, & ZIP | |
| E-MAIL ADDRESS | |

| | | | |
|-------------------------------|------------|------------------------------------------------------|--------------------------------|
| CURRENT PHONE | CELL PHONE | WORK PHONE | PERMANENT PHONE (If Different) |
| | | | |
| HOME COUNTRY IF INTERNATIONAL | | HOW TO REACH YOU DURING THE SUMMER (Phone or E-mail) | |
| | | | |

ETHNICITY:

- African American (1)
- Caucasian (2)
- Hispanic (3)
- Hispanic Other (Please Specify) (4)
- Asian (5)
- Native American (6)
- Bi-racial (Please Specify) (7)
- Other (Please specify) (8)

INDICATE ADDITIONAL CERTIFICATES YOU ARE PURSUING:

- Holistic Health Care (1)
- Non Profit Leadership (2)
- School Social Work (3)
- SPADA (4)

PLEASE CIRCLE OR WRITE IN THE APPROPRIATE ANSWER.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will you have a car available to drive to the field placement? <i>(Transportation to and from field placement is the responsibility of the student.)</i> | YES | NO |
| Are you willing to accept an assignment that has hours outside of the normal workday? | YES | NO |
| Are you willing to accept an assignment that includes weekends? | YES | NO |
| Are you planning on being employed during your field placement? If yes, indicate days and Number of hours per week you plan to work? | YES | NO |
| Have you ever been convicted of a crime? Please provide date and description of the incident. | YES | NO |
| Are you attaching a work-study proposal? | YES | NO |
| List number of months/years employed in the helping profession: | | |
| List number of months/years volunteering in the helping profession: | | |

FIELD EDUCATION APPLICATION: AREAS OF INTEREST

| * AREAS OF INTEREST | PLEASE CHECK TOP 5 AREAS OF INTEREST | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Abuse and Neglect (I01) <input type="checkbox"/> Adoption (I02) <input type="checkbox"/> Advocacy (I03) <input type="checkbox"/> AIDS & HIV (I04) <input type="checkbox"/> Alcohol & Chemical Dependency (I05) <input type="checkbox"/> Alzheimer's/Dementia (I06) <input type="checkbox"/> Child Welfare (I07) <input type="checkbox"/> Community Development/Organizing (I08) <input type="checkbox"/> Crisis Intervention (I09) <input type="checkbox"/> Death & Dying (I10) <input type="checkbox"/> Developmental Disabilities (I11) <input type="checkbox"/> Domestic Violence (I12) <input type="checkbox"/> Elderly (I13) <input type="checkbox"/> Employment/Unemployment (I14) | <input type="checkbox"/> Family Relationships/Treatment(I15) <input type="checkbox"/> Foster Care (I16) <input type="checkbox"/> Gay & Lesbian Issues (I17) <input type="checkbox"/> Health Care (I18) <input type="checkbox"/> Homelessness/Housing (I19) <input type="checkbox"/> Infant Mental Health (I20) <input type="checkbox"/> Immigration/Refugee Issues (I21) <input type="checkbox"/> Juvenile Delinquency (I22) <input type="checkbox"/> Learning Disorders (I23) <input type="checkbox"/> Legal Issues/Systems (I24) <input type="checkbox"/> Legislative Issues (I25) <input type="checkbox"/> Maternal & Child Health (I26) <input type="checkbox"/> Mental Health/Illness/Dual Diagnosis (I27) <input type="checkbox"/> Oppression & Injustice (I28) | <input type="checkbox"/> Parenting (I29) <input type="checkbox"/> Parole/Probation (I30) <input type="checkbox"/> Physical Disabilities (I31) <input type="checkbox"/> Poverty (I32) <input type="checkbox"/> Pregnancy (I33) <input type="checkbox"/> Protective Services (I34) <input type="checkbox"/> Psychiatric Disorders (I35) <input type="checkbox"/> Public Welfare (I36) <input type="checkbox"/> School Social Work (I37) <input type="checkbox"/> Social Justice (I38) <input type="checkbox"/> Suicide Prevention (I39) <input type="checkbox"/> Teen Pregnancy/Parenting (I40) <input type="checkbox"/> Victims of Crime/Violence (I41) <input type="checkbox"/> OTHER (Specify) (I42) |

| * POPULATION PREFERENCE | PLEASE CHECK TOP 5 PREFERENCES | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Children (P01) <input type="checkbox"/> Adolescents (P02) <input type="checkbox"/> Young Adults (P03) <input type="checkbox"/> Mid-life Adults (P04) <input type="checkbox"/> Elderly (P05) | <input type="checkbox"/> Communities (P06) <input type="checkbox"/> Couples (P07) <input type="checkbox"/> Families (P08) <input type="checkbox"/> Groups (P09) <input type="checkbox"/> Individuals (P10) | <input type="checkbox"/> Men (P11) <input type="checkbox"/> Organizations (P12) <input type="checkbox"/> Women (P13) <input type="checkbox"/> No preference (P14) |

| * PRACTICE/SKILL AREAS | PLEASE CHECK TOP 5 PRACTICE AREAS | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Assessment & Evaluation (PS01) <input type="checkbox"/> Budgeting (PS02) <input type="checkbox"/> Case Management (PS03) <input type="checkbox"/> Community Development (PS04) <input type="checkbox"/> Community Outreach (PS05) <input type="checkbox"/> Crisis Intervention (PS06) | <input type="checkbox"/> Discharge Planning (PS07) <input type="checkbox"/> Fundraising (PS08) <input type="checkbox"/> Group/Family/Individual Treatment (PS09) <input type="checkbox"/> Needs Assessment (PS10) <input type="checkbox"/> Planning/Evaluation (PS11) | <input type="checkbox"/> Policy Analysis & Development(PS12) <input type="checkbox"/> Prevention Work (PS13) <input type="checkbox"/> Program Development (PS14) <input type="checkbox"/> Report Writing/Recording (PS15) <input type="checkbox"/> Program Administration (PS16) <input type="checkbox"/> Other (Specify) (PS17) |

| * TYPE OF SETTING | PLEASE CHECK TOP 5 SETTINGS OF INTEREST | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Advocacy/Community Center Setting (S01) <input type="checkbox"/> Community-based Health Care (S02) <input type="checkbox"/> Community-based Social Service Setting (S03) <input type="checkbox"/> Community-based Mental Health Setting (S04) <input type="checkbox"/> Community-based Setting (S05) <input type="checkbox"/> Correctional Setting (S06) <input type="checkbox"/> Court Setting (S07) <input type="checkbox"/> Day Treatment Program Setting (S08) <input type="checkbox"/> Domestic Violence Setting (S09) <input type="checkbox"/> Elderly Care Setting (S10) <input type="checkbox"/> Employee/Student Assistance Setting (MSW Only) (S11) <input type="checkbox"/> Faith-based Organizational Setting (S12) <input type="checkbox"/> Family Service Setting (S13) <input type="checkbox"/> Homeless Setting (S14) <input type="checkbox"/> Hospice Setting (S15) <input type="checkbox"/> Inpatient Mental Health Setting (S16) | <input type="checkbox"/> Medical Social Work Setting (S17) <input type="checkbox"/> Multicultural Organizational Setting (S18) <input type="checkbox"/> Outpatient Mental Health Setting (S19) <input type="checkbox"/> Rehabilitation Program Setting (S20) <input type="checkbox"/> Residential Correctional Setting (S21) <input type="checkbox"/> Residential Treatment Setting (Circle Adult or Child) (S22) <input type="checkbox"/> Respite Care Setting (S23) <input type="checkbox"/> Rural Setting (S24) <input type="checkbox"/> School Based Setting (S25) <input type="checkbox"/> After-School Program Setting (S26) <input type="checkbox"/> School Social Work Setting (MSW Only) (S27) <input type="checkbox"/> Substance Abuse Setting (S28) <input type="checkbox"/> Urban Setting (S29) <input type="checkbox"/> Voluntary Service Setting (S30) | <input type="checkbox"/> OTHER: (Specify) (S31) |

FIELD EDUCATION APPLICATION: WRITTEN RESPONSES

ON A SEPARATE SHEET TO BE ATTACHED TO THIS APPLICATION, PLEASE TYPE COMPLETE ANSWERS TO THE FOLLOWING QUESTIONS. **REMEMBER: PUT YOUR NAME ON EACH PAGE.**

1. Briefly describe your professional short-term goals.
2. Briefly describe your professional long-term goals.
3. Please list and discuss your top 3 social work “strengths”.
4. Please list and discuss your top 3 social work areas for improvement.
5. Describe and discuss what you hope to gain from your field placement.
6. What are your preferences as to the kinds of people/problems/issues with which you would like to work? Explain why.
7. What are your preferences as to the kinds of people/problems/issues with which you would NOT like to work? Explain why.
8. Comment on any personal/professional factors that may be pertinent in planning and selecting your field placement.
9. Describe your primary *LEARNING MODE* (see below) and discuss what you see as your learning strengths and your areas for improvement. Remember learning is a cycle!

CONCRETE EXPERIENCE (Learning from feeling):

- Learning from specific experiences.
- Relating to people.
- Being sensitive to feelings and people.

REFLECTIVE OBSERVATION (Learning by watching and listening):

- Carefully observing before making judgments.
- Viewing issues from different perspectives.
- Looking for the meaning of things.

ABSTRACT CONCEPTUALIZATION (Learning by thinking):

- Logically analyzing ideas.
- Systematic planning.
- Acting on an intellectual understanding of a situation.

ACTIVE EXPERIMENTATION (Learning by doing):

- Ability to get things done.
- Risk-taking.
- Influencing people and events through action.

10. If you are an Extended Study student and/or if you plan to work fulltime during your enrollment in the School of Social Work, describe your plan that addresses how you intend to modify your employment schedule so that you will be able to commit an average of 16 hours per workweek to your field placement.
11. **ATTACH AN UPDATED RESUME.**

THIS PAGE WILL NOT BE SHARED OUTSIDE OF THE
FIELD EDUCATION OFFICE

AGENCY PREFERENCE:

Please list your top 3 choices that most clearly match the criteria contained in this application. For guidance and suggestions please refer to the Office of Field Education web site:

www.wmich.edu/~hhs-sw/field/field.htm.

AGENCIES

1st Choice _____
2nd Choice _____
3rd Choice _____

This information will be used to match you to the most appropriate agency available.
No guarantees can be made that choices will be honored.

ADDITIONAL COMMENTS: _____

ALL PLACEMENTS MUST BE ARRANGED BY THE COORDINATOR OF FIELD EDUCATION OR
THE TRI-COUNTY PROGRAM DIRECTOR IN GRAND RAPIDS. **STUDENTS MUST NOT**
INITIATE CONTACT WITH ANY AGENCY TO SEEK PLACMENT WITHOUT PRIOR APPROVAL.

Please contact us in the Office of Field Education with any questions.
Graduate Assistants: 269-387-3206
Coordinator of Field Education: 269-387-3173
Grand Rapids Program: 269-771-9480
Swrk-field@wmich.edu

**Western Michigan University
School of Social Work**

**2nd Year MSW Candidate
Student Agreement to Participate in Field Placement**

I _____, am a student in the School of Social Work at Western Michigan University. I understand and agree, in accordance with the curriculum requirements outlined in the Undergraduate/Graduate manual, that in order to complete the program in social work in which I am enrolled, I will be required to complete a field placement (otherwise known as an internship) with an agency or organization outside of Western Michigan University (includes placement sites that are campus based). I acknowledge that I will be responsible for a fee each semester I am in field placement that covers professional liability insurance only.

I also understand and agree that while I am in field placement for the School of Social Work at Western Michigan University, I am *NOT* covered by workman's compensation for any accident/injury that may occur during my time on site doing agency/field placement business. I understand that I, or my medical insurance plan, are responsible for all expenses incurred while I am working in my field placement and that Western Michigan University and the Western Michigan University School of Social Work assumes no responsibility or liability for any injury I might sustain and I specifically release Western Michigan University, its schools, departments, agencies, officers, directors, and employees from any such responsibility or liability.

I further understand and agree that while I am in field placement for the School of Social Work at Western Michigan University, I may be placed at an agency that may require me to utilize my personal vehicle for transportation purposes. I further state that I have automobile insurance that is current and in compliance with the laws of the State of Michigan as of the date of this agreement. I am aware that Michigan is a no-fault insurance state and I will take full responsibility for checking with my insurance carrier regarding my coverage. I understand that the School of Social Work at Western Michigan University and/or the University is not responsible for my automobile insurance coverage. I am responsible for insuring that I have adequate and appropriate insurance prior to using my personal vehicle for field placement business. I accept this responsibility and I specifically release Western Michigan University, its schools, departments, agencies, officers, directors, and employees from any such responsibility or liability.

I understand that if I were to be involved in an accident that my personal vehicle insurance functions as the first tier for a claim. I understand that Western Michigan University's insurance is secondary subject to the terms of the coverage contract with Western Michigan University. Physical damage coverage is not provided on personal cars.

By signing this agreement, I am also confirming that I have a valid driver's license issued by my home State and that I can operate a motor vehicle without restrictions unless indicated below:

RESTRICTION ON DRIVERS LICENSE? (check one):

- Yes If yes, Explain:
- No

ACCOMMODATION FOR DISABILITIES

Any student with a documented disability (e.g., physical, learning, psychiatric, vision, hearing, etc.) who needs to arrange reasonable accommodations must contact Ms. Beth Denhartigh, Director of Disabled Student Services, 269-387-2116, and/or at beth.denartigh@wmich.edu at the beginning of the semester. A disability determination must be made by this office before any accommodations are provided by the instructor

I hereby give my permission to the Coordinator of Field Education, School of Social Work, Western Michigan University, to release any and all information included in my application for field placement and to the School of Social Work to potential Field Instructors. This includes but is not limited to my resume and student agreement. By signing this document, I am also giving permission to release my first-year, final field evaluation to my potential second-year field instructor.

My signature on this agreement indicates that I have read and understand this agreement and represents that I meet all criteria listed above.

NAME (Print)

SIGNATURE

SOCIAL SECURITY NUMBER

DATE

- CIRCLE ONE:**
- MSW 2nd YEAR Full-Time Program
 - MSW 3rd YEAR Extended Study
 - MSW 2nd YEAR Advanced Standing Program

c: Student File
Agency