



School of Social Work

DATE: \_\_\_\_\_

AGENCY APPLICATION FOR FIELD PRACTICUM SITE

(PLEASE PRINT)

Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please indicate the level(s) of practice your agency wishes to support. For more information please visit ssw.uga.edu.

BSW Specialization - Macro Specialization - Micro/Macro Combined
Generalist Specialization - Micro

What is the mission of the agency? \_\_\_\_\_

1. Population Served:

- Children Black/African American Developmentally Disabled
Adolescents Hispanic/Latino Physically Disabled
Adults Asian College Students
Couples Native American Elderly
Families Transgender/Non-binary Immigrant/Refugee
Women LGBTQ
Men

2. Type of Setting (Check ALL that apply):

- Hospital Nursing/Personal Care Home Public Agency
Health Care Counseling Center County Agency
School System Outreach Center State Agency
Homeless Shelter Crisis Center Federal Agency
Corrections/Crim. Justice Hospice Higher Education

Substance Abuse/Recovery  
 Private Non-Profit  
 Mental Health

Community Based  
 Legal  
 Other (please specify \_\_\_\_\_)

Problem Areas Addressed:

<input type="checkbox"/> Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Development Disability
<input type="checkbox"/> Adoption/Foster Care	<input type="checkbox"/> Family Development	<input type="checkbox"/> AIDS/HIV
<input type="checkbox"/> Abuse/Neglect	<input type="checkbox"/> Poverty	<input type="checkbox"/> Aging/Alzheimer's
<input type="checkbox"/> Teen Pregnancy	<input type="checkbox"/> School Related Issues	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Welfare Reform/Policy	<input type="checkbox"/> Delinquency	<input type="checkbox"/> Sexual Violence (incest, rape)
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Terminally Ill	<input type="checkbox"/> Grief/Loss	<input type="checkbox"/> Early Intervention
<input type="checkbox"/> Forensics	<input type="checkbox"/> Other (please specify _____)	

3. Field Practicum Opportunities:

<b>Generalist</b>	<b>Micro</b>	<b>Macro</b>
<input type="checkbox"/> Interagency Experience	<input type="checkbox"/> Group Work with Clients	<input type="checkbox"/> Resource Linkage/Brokerage
<input type="checkbox"/> Client Advocacy	<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Committee Leadership
<input type="checkbox"/> Group Work w/Clients	<input type="checkbox"/> Resource Linkage/Brokering	<input type="checkbox"/> Research
<input type="checkbox"/> Case Management	<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Supervision
<input type="checkbox"/> Intake Assessment	<input type="checkbox"/> Couples	<input type="checkbox"/> Needs Assessment
<input type="checkbox"/> Resource Linkage/Brokering	<input type="checkbox"/> Needs Assessment	<input type="checkbox"/> Budgeting
<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Research	<input type="checkbox"/> Program Development
<input type="checkbox"/> Treatment Team Planning	<input type="checkbox"/> Treatment Team Planning	<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Family Therapy	<input type="checkbox"/> Staff Development
<input type="checkbox"/> Needs Assessment	<input type="checkbox"/> Play Therapy	<input type="checkbox"/> Program Planning
	<input type="checkbox"/> Treatment Evaluation	<input type="checkbox"/> Community Organization
		<input type="checkbox"/> Volunteer Recruitment/Training
		<input type="checkbox"/> Program Evaluation
		<input type="checkbox"/> Legislative Advocacy

Other Experiences (unique services, populations served, etc.) Please explain:

4. How many students do you believe your agency can support? \_\_\_\_\_

5. Would students be asked to transport clients?  Yes  No

6. Would students be asked to go on home visits?  Yes  No
7. Describe safety procedures in place for agency personnel.
8. Special skills required by students placed at agency:
9. Does the potential Field Instructor hold a:
- BSW?  Yes  No
- MSW?  Yes  No
- Have 2 or more years of experience?  Yes  No
10. Describe work space provided for student.
11. Do you offer a stipend? If yes, how much?  Yes  No \$ \_\_\_\_\_
12. Do you reimburse for mileage?  Yes  No
- Other reimbursements (i.e. parking, conference fees, etc.) \_\_\_\_\_

**Print, mail, email or fax the completed application to:**

School of Social Work Field Office  
 University of Georgia  
 279 Williams Street, RM#113  
 Athens, GA 30602  
 Email: [sswfield@uga.edu](mailto:sswfield@uga.edu)  
 Phone: (706) 542-5423  
 Fax: (706) 354-3921

**Please attach Field Instructor resume(s), organizational chart, and student job description(s).**