



School of Social Work
Field Program

Application for Field Practicum
(Please fill out completely)

Check only that apply
MSW
F/T
P/T
BSW
Title IV E

Student ID
[ ]

First Name Middle Name Last Name
[ ] [ ] [ ]

Date of birth
[ ]

Field Start Date (semester/year) Anticipated Graduation Date (semester/year)
[ ] [ ]

Home Phone Cell Phone Work Phone
[ ] [ ] [ ]

Email USF Preferred Email
[ ] [ ]

Mailing Address City State Zip
[ ] [ ] [ ] [ ]

Permanent Address City State Zip
[ ] [ ] [ ] [ ]

Emergency Contact Phone Relationship
[ ] [ ] [ ]

Transportation: Will you have a car\* available for your Field Placement? [ ]

Are you willing to do home visits? [ ]

\*While cars are not required for admission to the school of social work, they are often required for field placement related work. In addition to traveling to from the agency, use of a vehicle is often required for field related tasks.

This means that students without cars may have limited field placement options. Transportation to and

from placement is the responsibility of the student. All students should have a valid driver's licenses as agencies often require it for insurance purposes.

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**Background Check** Have you ever been charged or convicted of any of the following?

**DUI** Yes  No  **Misdemeanor Offense** Yes  No  **Felony** Yes  No

Do you have any current charges pending? Yes  No

If you answered yes to any of the above questions, please provide a written statement of the circumstances below.

Depending on your placement choice you should be advised that it may be necessary for you to agree to additional screening requirements by the agency. These may include but are not limited to; fingerprinting, background check, drug testing, completion of certain affidavits, etc. It is necessary for you to disclose any charges or convictions which may impact your ability to be successfully placed in a community agency that serves at risk populations.

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**Education and Professional Goals**

Briefly describe your short-term educational goals by listing specific skills and the kinds of people/problems/issues you want to work with in this placement.

Briefly describe your long-term career goals by discussing where you see yourself professionally five years from now.

**Area of practice – number your top 5 preferences**

Community-based Health Care  
Co-occurring MH/SA  
Community-based Mental Health  
Emergency /Crisis Center  
Faith-based Organization  
School Social Work (MSW only)  
Domestic Violence  
Veterans  
LGBTQ Services  
Homeless / Housing  
Child Welfare  
Hospice / Bereavement

Maternal / Child Health  
Outpatient Mental Health-Adult  
Outpatient Mental Health – child  
Inpatient Mental Health  
Forensic Mental Health  
Court/Justice System  
HIV/AIDS  
Substance Abuse  
Elder Care / Aging Services  
Medical Social Work  
Kinship Care  
People with disabilities  
Other

**Other – voluntary**

Please describe any additional circumstances you would like to have considered in the selection and matching process for a successful field placement. Include any information that you have identified as being a requirement for your field experience. Your responses may help with identifying and arranging appropriate placement sites that pertain to your particular needs.

**Field Placement and Agency Preference**

The USF Faculty Field Staff person assigned must arrange all placements. **Students must not initiate contact with any agency to seek a placement** within that agency without prior approval from the field faculty. Any placement initiated without the knowledge of the Field Faculty will not be approved.

**Resume (Please attach)**

A copy of your current resume is required to complete this application. You must include your current contact information on your resume. It is suggested that you also include any special knowledge or skills that you have that might contribute to your agency placement.

**I certify this information to be both accurate and complete. I am aware that my resume and this application may be shared with any agency involved in my placement for practicum.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Signature

\_\_\_\_\_  
Date