

**UNDERGRADUATE SOCIAL WORK PROGRAM  
ALABAMA A&M UNIVERSITY**

**FIELD PRACTICUM APPLICATION**

(SWK 414) Applications in addition to Proof of Liability Insurance NASW Membership, and Certified Background check results must be submitted no later than February 1 for Fall Placement and September 1 for Spring Placement. Applications submitted after these dates will be declined. (THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY, INCLUSIVE OF ADVISOR SIGNATURE AND MUST BE TYPED) DO NOT SCAN DOCUMENT

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

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Student Number: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Local Telephone No. \_\_\_\_\_ Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Placement Plan:**

\_\_\_\_\_ Fall 20 \_\_\_\_

\_\_\_\_\_ Spring 20 \_\_\_\_

1. A. Do you have a valid drivers license? \_\_\_\_\_ yes \_\_\_\_\_ No  
(attach a copy)
- B. Will you have access to a car? \_\_\_\_\_ yes \_\_\_\_\_ No
- C. Do you have Auto Insurance? \_\_\_\_\_ yes \_\_\_\_\_ No  
(attach copy of Insurance card)
- D. Are you a member of NASW? \_\_\_\_\_ yes \_\_\_\_\_ No  
(If no, have you applied for NASW Membership) \_\_\_\_\_ yes \_\_\_\_\_ No
- E. Is your Professional Liability Coverage Current \_\_\_\_\_ yes \_\_\_\_\_ No

2. What area of social work practice are you requesting as your first choice for field placement? (i.e. elderly, family and children, adolescents, adults, mentally challenged)

3. Do you have any physical handicaps or limitations: \_\_\_\_\_ yes \_\_\_\_\_ No  
(if yes, describe below)

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4. A) Volunteer experience, please specify:

Dates: From \_\_\_\_\_ To \_\_\_\_\_

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

Nature of the experience: \_\_\_\_\_

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**Please attach your resume and a copy of your autobiography**

5. Please write a brief summary of your interests. Include your short and long term goals and the experience you think would be relevant in selecting a field placement for you.

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6. Please describe the strengths you bring to the field practicum and indicate how you might build on those strengths during your field experience.

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7. Describe what you feel might be obstacles or potential limitations to your learning during the field practicum.

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8. What are you most looking forward to learning through your field practicum experience?

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9. Have you ever been convicted or arrested of anything other than a minor traffic violation? (A DUI is not considered minor). \_\_\_\_\_ If yes, please explain in detail, use an additional page(s), if necessary.

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10. Please attach a copy of your student records check.

11. Advisor's recommendation (feel free to attach a separate letter if you wish)

- I would:
- Recommend with enthusiasm
  - Recommend with confidence
  - Recommend with reservation
  - Not recommend

**My signature authorizes release of information to potential field practicum agencies in order to facilitate placement.**

\_\_\_\_\_  
Student's Signature    Date

\_\_\_\_\_  
Advisor's Signature    Date