

**BUFFALO STATE COLLEGE
SOCIAL WORK DEPARTMENT**

*FIELD EDUCATION APPLICATION FORM
SWK 493-494*

NAME: _____

CURRENT ADDRESS: _____

HOME PHONE: _____ Street _____ City/Zip Code _____
CELL PHONE (if applicable) _____

E-MAIL ADDRESS: _____

IF YOUR SUMMER ADDRESS IS DIFFERENT FROM THE ABOVE, PLEASE PROVIDE:

ADDRESS: _____

PHONE: () _____ () _____
Street Home City/State/Zip Code Work

Please answer the following questions:

Circle One:

1. Are you taking SWK 422 in the summer? Yes No
2. Do you have a car to use for field placement? Yes No
3. Are there special accommodations we need to be aware of? Yes No

If yes, please submit "Request for Accommodation" from the Office of Disability Services.

4. Are you an employee of the Erie County Dept. of Social Services? Yes No
5. Are you able to do your internship during the day? Yes No
6. Are you interested in a particular type of agency or a special population? Yes No

If yes, please describe: _____

7. Please identify any special skills or interests that might be useful in your placement.

(e.g. fluency in a second language, minor in art therapy, etc.) _____

8. Is there any population or field of practice where you do not want to work?

Yes No

If yes, please describe: _____

9. Are you currently volunteering at a social work or related agency? Yes No

If yes, please name: _____

10. Are you currently working in the field of social work or related area? Yes No

If yes, please name: _____

11. When do you plan to attend SWK 493—Field Instruction?

Circle one: Tuesdays, 6-7:30 p.m.

Fridays, 9-10:30 a.m.

I attest that the information provided is true to the best of my knowledge. I understand that it may be necessary to disclose this information in order to identify an appropriate placement.

Signature: _____ Date: _____
month/day/yr.

Optional – Attach a copy of your resume.

Students may not do their field placement at agencies where they are clients.