

**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. Do you have a car to use for field placement? Yes No

2. Are there special accommodations we need to be aware of? Yes No

If yes, you must submit a "Request for Accommodation"  
from the Office of Disability Services before a field site will be identified.

3. Are you an employee of the Erie County Department of Social Services? Yes No

4. Are you interested in a particular type of agency or a special population? Yes No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

5. 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.) \_\_\_\_\_

\_\_\_\_\_

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

Yes No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

7. Are you currently volunteering at a social work or related agency?

Yes No

If yes, please name \_\_\_\_\_

8. Are you currently working in the field of social work or related area?

Yes No

If yes, please name \_\_\_\_\_

*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.**