

FIELD INSTRUCTION APPLICATION ACADEMIC YEAR _____

Application

The following is a list of field application materials you are required to submit to Professor Ellen C. Livingston **via email** elivingston@bowiestate.edu by _____.

- **Rename the file with your first initial, last name and the word application (example: J Doe application)**
- **Field application (Typed)**
- **Resume' (Typed)**
- **Typed one page essay which discusses the following:**
 - **Why you want to be a social worker**
 - **How you expect to benefit from the field practicum experience**

Note: Use the following heading for the one page essay:
Personal Statement
(Your Name)
- **A passport picture-NO SELFIES**

*Please use type font size 12 or 14 ~ Do Not reformat document

NOTE: Late applications will not be accepted.

Interview

Please look next to my office door 331G and sign in for an interview time. Please dress in business attire for your interview. The Director of Field and/or a social work faculty member will interview you. The purpose of the interview is to assess your learning needs and your areas of interest. This information will be used to determine your field placement assignment.

Important Information

When arranging your schedule for the Fall, keep in mind the field practicum days should be scheduled for two days per week. Weekly seminar class is required along with your internship. Please plan your class schedule accordingly.

Please direct questions or concerns to Professor Ellen C. Livingston, CLT 331G, (301) 860-3252.

Attach Photo

**BOWIE STATE UNIVERSITY
DEPARTMENT OF SOCIAL WORK
2017 – 2018**

APPLICATION FOR ADMISSION TO THE FIELD INSTRUCTION COURSE

Please submit this form with an attached photo (NO SELFIES), a copy of your resume, a one page essay, and the available times form. All information on this form must be completed.

Date: _____

Personal Data

Name _____

Date of Birth _____ BSU Student ID# _____

Home Address: _____

Zip Code

Phone: _____ Cell Phone: _____

Campus Address _____ (If you live on campus only)

Campus Phone _____ (where applicable)

Email Address (Bowie State email address only): _____

Physical handicaps, health conditions or limits on your activities?

Do you have health insurance coverage? _____ ☐ Yes ☐ No

If yes, please name of carrier _____

Policy Number _____

Last physical examination date _____

In case of emergency, please notify:

Name _____

Relationship _____

Address _____

Zip Code _____

Telephone Numbers (emergency contacts)

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Field Placement Preference

Indicate three areas of interest. **Please rank them 1 through 3.**

Child Welfare Services

- ☐ Foster Care
- ☐ Protective Services
- ☐ Residential Programs

Service to Special Populations

- ☐ Addictions
- ☐ Homeless
- ☐ Adolescents
- ☐ Mentally Ill

Family Services

- ☐ Pregnancy and Parenting Services
- ☐ Family Services
- ☐ Emergency/Disaster Services
- ☐ Other:

Health Services

- ☐ Hospitals
- ☐ Rehabilitation Services

Do you have a driver's license? ☐ Yes ☐ No

Will you have access to a car for use during your field placement assignment? ☐ Yes ☐ No

If not, what means of transportation will you use to get to your field placement site and/or complete out of office assignments?

Availability: (dates and times you are available to attend internship)

Evenings and weekends only

☐ Yes ☐ No

Are you available weekdays

☐ Yes ☐ No

Can you be available on 1-2 Saturdays per month

☐ Yes ☐ No

Please clearly state your geographic request: (check all that apply)

Washington, DC

☐ Yes ☐ No

Prince Georges County, MD:

☐ Yes ☐ No

Baltimore, Maryland:

☐ Yes ☐ No

Other counties in Maryland: specify

Academic Data

Will you have completed Methods I with a “B” or better at the end of this semester? ☐ Yes ☐ No

If no, why not _____

What is your GPA? _____

Have you taken the English Proficiency Test?

☐ Yes ☐ No

If yes, when _____ ☐ Passed ☐ Failed ☐ Awaiting Results

Work and Volunteer Experience

Note: Complete this section. Your resume cannot be substituted for this information.

Work Experience

Agency/Organization _____

Duties Performed _____

Length of Employment _____

Name of Supervisor _____ Phone # _____

Agency/Organization _____

Duties Performed _____

Length of Employment _____

Name of Supervisor _____ Phone # _____

Agency/Organization _____

Duties Performed _____

Length of Employment _____

Name of Supervisor _____ Phone # _____

Volunteer Experience

Agency/Organization _____

Duties Performed _____

Length of Employment: . _____

Name of Supervisor _____ Phone # _____

Agency/Organization _____

Duties Performed _____

Length of Employment: . _____

Name of Supervisor _____ Phone # _____

Agency/Organization _____

Duties Performed _____

Length of Employment _____

Name of Supervisor _____ Phone # _____

Special Interest

List of Hobbies _____

List of Talents _____