

St. Cloud State University  
Department of Social Work  
BSW Program  
Agency Information Form

Agency \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_ Agency Website http:// \_\_\_\_\_

1. Provide a job description for a BSW social work student 480 hour field placement (may be provided here or on a separate sheet).

2. Describe the agency mission, services provided, etc.

3. Describe the process a prospective intern must go through to apply for a field placement.

4. List any special conditions or qualifications a prospective intern must meet to be accepted for a field placement (e.g., background check, automobile, language fluency).

5. How often would your agency be interested in hosting an intern (every semester, once a year, every other year, occasionally)?

Date this form was completed \_\_\_\_\_ .