



Department of Social Work  
Field Placement Agency Information Sheet

**PLEASE COMPLETE ALL INFORMATION**

**Name of Agency:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

Number and street/ P.O. Box

\_\_\_\_\_

City	State	Zip
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**Agency Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Agency E-mail:** \_\_\_\_\_

Type of Social Work opportunity (Check up to 3):

- |                                             |                                                  |
|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Medical            | <input type="checkbox"/> Sexual/Domestic Assault |
| <input type="checkbox"/> Child Welfare      | <input type="checkbox"/> Mental Health           |
| <input type="checkbox"/> Court/Legal        | <input type="checkbox"/> Substance Abuse         |
| <input type="checkbox"/> School/Education   | <input type="checkbox"/> Family/Youth Services   |
| <input type="checkbox"/> Gerontology        | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Community Services |                                                  |

Number of student placements available: \_\_\_\_\_

**Name of field instructors(s):** \_\_\_\_\_

\_\_\_\_\_  
(Please fill out a Field Instructor Information Sheet for each person named)

**Name of Agency Director:** \_\_\_\_\_

**Address (if different from above):** \_\_\_\_\_

Number and street/P.O. Box

\_\_\_\_\_

City	State	Zip
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**Phone # (if different from above):** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**E-mail (if different from above):** \_\_\_\_\_

Please return to:

Assistant to the Director of Field Education  
Department of Social Work & Youth Services  
swfield@svsu.edu