



Department of Social Work  
UAM Box 3619  
Monticello, AR 71656  
(870) 460-1747  
FAX: (870) 460-1188

**UNIVERSITY OF ARKANSAS AT MONTICELLO  
DEPARTMENT OF SOCIAL WORK**

**BSW Field Practicum Application**

**Name:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **UAM E-mail:** \_\_\_\_\_

**Educational Background:** (school/university attended, year(s) attended, degree/certification achieved or expected date of graduation)

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**Work Experience:** (company/agency name, position held, begin/end date)

**Interests and Hobbies:**

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**Strengths/Qualifications for the practicum placement:**

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**Weaknesses/Learning needs from the practicum placement:**

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**Type of Supervision desired:** (To what management/supervision style do you best respond)

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**University of Arkansas at Monticello  
Department of Social Work**

**BSW Student Application for Field Practicum**  
*(Please type application responses on this form)*

**Date of Application:** \_\_\_\_\_ **Semester/Year of Practicum Placement:** \_\_\_\_\_

**PERSONAL INFORMATION** *(Please Print):*

**Name:** \_\_\_\_\_

**UAM ID#:** \_\_\_\_\_ **UAM E-Mail:** \_\_\_\_\_

**Local Street Address or PO BOX #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Driver's License:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Will you have reliable and insured transportation during the internship?** \_\_\_\_\_

**Are you proficient in any language other than English (specify language and proficiency level)?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Employer:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Average Hours Worked Per Week:** \_\_\_\_\_

**Will you be employed during practicum placement?** \_\_\_\_ YES \_\_\_\_ NO

**Expected Hours Worked Per Week:** \_\_\_\_\_

*Emergency Contact (other than home address & phone #):*

**Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Local Street Address or PO BOX #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**EXPERIENCE:**

**Briefly describe your volunteer experiences, including the name of the organization, dates of involvement and types of responsibilities/activities with which you were involved.**

**Briefly describe your paid work experience, including the name of your employer, location, dates of employment and the type of position and work/duties you performed beginning with the most current.**

**POTENTIAL PRACTICUM PLACEMENT INTEREST**

**Many students have a particular population or practice setting in which they are interested in gaining experience. Please rate your top five areas of interest. Your top area of interest should be #1; your second choice should be #2 and so forth.**

_____ Aging/Elderly	_____ Substance Abuse	_____ Child Welfare
_____ Criminal Justice	_____ Family Services	_____ Children
_____ Adolescents	_____ Medical/health	_____ Women’s Services
_____ Mental Health	_____ Intellectual/Developmental	_____ Hospice
	_____ Disability	
_____ Homelessness	_____ Community Dev/Planning	_____ Military Services

Other (Specify): \_\_\_\_\_

**In what area and/or with what population would you be *least* interested in working and why?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In what area(s) of social work would you like to practice after graduation?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Geographic preferences regarding your practicum placement:

\_\_\_\_\_ Monticello/Drew County  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

Special Conditions: Please provide any additional information that would be helpful in making your practicum assignment (i.e., employment during the semester, night/weekend hours needed, travel and/or financial limitations, etc.):

FEEL FREE TO LIST ANY SPECIFIC AGENCIES IN WHICH YOU HAVE AN INTEREST OR WOULD LIKE TO DICUSS:

\_\_\_\_\_  
\_\_\_\_\_

***Please note that while our department makes every effort to place students according to their preferences and/or individual needs/circumstances, there is no guarantee that a student will be placed in the city/area that they reside or attend class.***



**PERSONAL NARRATIVE: In a well written format, please address each of the following questions:**

1. How would you describe your physical health status? (Please include any physical limitations/challenges you may have that might affect your placement in certain practicum settings.) \_\_\_\_\_.

a. Have you ever received counseling, therapy or treatment related to an emotional or psychological issue, or problem? \_\_\_\_\_Yes \_\_\_\_\_No

How likely is it that the above issue/problem might hinder and/or prevent you from performing in an ethical and competent manner during your field practicum?

Uncertain\_\_\_\_\_ Not Very Likely\_\_\_\_\_ Somewhat Likely\_\_\_\_\_ Very Likely\_\_\_\_\_

b. Do you currently have any emotional, psychological, or behavioral issues for which you have NOT sought treatment? \_\_\_\_\_Yes \_\_\_\_\_No

How likely is it that the above issue/problem might hinder and/or prevent you from performing in an ethical and competent manner during your field practicum?

Uncertain\_\_\_\_\_ Not Very Likely\_\_\_\_\_ Somewhat Likely\_\_\_\_\_ Very Likely\_\_\_\_\_

2. How would you describe your childhood and family of origin? What influence has this had on your past; on you today; and how do you think it will continue to influence you in the future?\_\_\_\_\_.

3. What significant life events have you experienced? What do you feel you have gained from these experiences?\_\_\_\_\_.

4. Besides school, what other areas of interest (or involvement) do you have?  
\_\_\_\_\_.

5. How would you describe yourself? Include an assessment of your strengths and weaknesses?\_\_\_\_\_.

6. How do you think others see you? \_\_\_\_\_.
  
7. What causes you stress? How do you respond when stressed? What coping mechanisms do you use? \_\_\_\_\_.
  
8. Describe what skills you would like to further develop during your field practicum, your expectations and concerns regarding your practicum experience.  
\_\_\_\_\_.
  
9. What three areas of social work *knowledge* do you think would be most valuable to a competent practitioner? Why?  
\_\_\_\_\_.
  
10. What three social work *skills* do you feel are essential to competent social work practice? Why?  
\_\_\_\_\_.
  
11. Explain some of your personal *values* and how those values fit with the social work profession. Do you think any of your personal values will cause you difficulty in your professional role? If yes, identify the potential difficulty as well as how you might address that difficulty.  
\_\_\_\_\_.

**PRACTICUM REQUIREMENTS AND STUDENT COMMITMENT**

**Please initial each statement indicating you meet the stated requirements:**

- \_\_\_\_ 1. I verify that all information contained in this application is true and accurate; and that I have fully disclosed relevant information.
  
- \_\_\_\_ 2. I have completed all social work courses that are identified as prerequisites for the field practicum or I have discussed any exceptions with the Social Work Field Director and have obtained such exceptions from the Social Work Field Director and Program Director in writing.
  
- \_\_\_\_ 3. I understand that my application will be reviewed by the Field Director and may be discussed with other UAM social work faculty to determine my readiness for the internship.
  
- \_\_\_\_ 4. I understand that my application will be released to potential assigned field instructors and I give my consent to release all information contained herein.
  
- \_\_\_\_ 5. I agree to comply with all the internship requirements, before and during the actual placement, as stipulated in the Field Education Handbook.
  
- \_\_\_\_ 6. I have read the UAM Field Education Handbook, the NASW Social Work Code of Ethics, the Arkansas State Board of Social Worker Examiners' Code of Conduct and Standards of Practice, and agree to abide by these codes all times.

I understand that violation of any of the above-stated requirements could result in my denial to, suspension from, and/or removal from the Field Education Program and/or the BSW Program as a whole.

By signing below, I certify all information is true, complete, and correct to the best of my knowledge. I further acknowledge that withholding, falsifying, or otherwise providing misleading information may negatively impact my admission into the Field Education Program, acceptance by a field practicum agency, successful completion of the program, and may delay my expected graduation date by at least one year.

\_\_\_\_\_  
Field Practicum Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by Field Education Director

\_\_\_\_\_  
Date