

University of Maine
School of Social Work
5770 Social Work Building
Orono, ME 04469
Agency Information Form

Date: _____

1. Please print or type the following information about your agency:

Name of Agency: _____
Division/Regional Office: _____
Department/Unit: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____
Agency Web Address: _____
Head of Agency: _____ Title: _____
Description of Services: _____

2. Please print or type the following information about the field placement site. If you offer more than one program or section of your agency, please complete a separate form for each different site.

Program/Section Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____

3. Please print or type the following information about the individual who should be contacted for all field placement activities at your agency.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____

4. Indicate the field placement experiences and assignments your agency can provide and the maximum number of students you can accommodate:

a. Place a check box next to the major methods your agency can provide.

Casework	<input type="checkbox"/>	Administration	<input type="checkbox"/>	Community Organization	<input type="checkbox"/>
Groupwork	<input type="checkbox"/>	Policy Practice	<input type="checkbox"/>		
Clinical	<input type="checkbox"/>				

b. This would be a suitable placement for:
BSAW Students

Junior Year
Senior Year

c. Indicate how many of each student you can accept.:

MSW Students

1st Year
2nd year

5. Will student(s) be expected to work evenings or weekends? If yes, please specify.

No
Yes

6. Do students need their own cars for this placement?

No Occasionally Regularly

Is mileage reimbursed? Yes No

8. Please check all fields of practice in which your agency can provide placement experiences or assignments:

- | | |
|--|--|
| <input type="checkbox"/> Aging/Gerontology | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Occupational/Industrial Social Work (EAP) |
| <input type="checkbox"/> Community Planning/Organizing | <input type="checkbox"/> Political Social Work/Legislative |
| <input type="checkbox"/> Corrections/Criminal Justice | <input type="checkbox"/> Public Welfare |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Residential Services |
| <input type="checkbox"/> Family and Children Services | <input type="checkbox"/> School Social Work |
| <input type="checkbox"/> Group Services | <input type="checkbox"/> Substance Abuse/Addiction Services |
| <input type="checkbox"/> Health | <input type="checkbox"/> Women's Services |
| <input type="checkbox"/> International | <input type="checkbox"/> Other (please specify): |
-

9. Special conditions or considerations:

Please Return to:

Nancy A. Kelly
Field Director
University of Maine
School of Social Work
Orono, Me. 04469-5770
207-581-2378
Nancy.Kelly@umaine.edu