Agency Name: ___________________________ Phone #: _________________________________
Address: __________________________________________________________________________
City, State, Zip Code: __________________________ Country: __________________________
Agency Contact: __________________________ Phone #: ________________________________
Email Address: _________________________________________________________________
Agency Website: _________________________________________________________________
Number of Years in Business: ______________________________________________________

What is your agency’s focus? (check all that apply)
□ Mental Health □ Substance Abuse □ Child Welfare □ Aging
□ Corrections □ Hospitals □ Schools □ Disabilities
□ Others: ______________________________________________________________________

Do you have a B.S.W. or M.S.W. on staff, who could act as a field instructor and provide our interns with at least one hour of face-to-face supervision each week? □ Yes □ No

*** As part of their internship experience, social work students must be supervised by a B.S.W. or M.S.W. with at least two years of experience.

Name of Field Instructor: _______________________ Year of S.W. Experience: _____________
Email Address: ____________________________ Phone: _________________________________

*** Field Instructors will complete a separate application in addition to this form. If you have more than one field instructor that you plan to use, please include their information in the comments.

How many interns would you be willing and able to take: _______________________________

*** Our interns are required to complete 425 hours during a 14 week semester, which is roughly 30 hours a week.

Describe what activities an intern would be asked to complete at your agency: _____________
______________________________________________________________________________
______________________________________________________________________________

Other information or comments: ___________________________________________________
______________________________________________________________________________

*** Please submit this form to the Director of Field Education at christian.kunz@byuh.edu

For Internal Use Only: □ Approved □ Denied Date: ____________ Initials: ____________