

Brigham Young University – Hawaii  
Social Work Internship Application

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Local Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

When do you plan to complete your internship? (write the year in the blank provided)

Fall \_\_\_\_\_  Winter \_\_\_\_\_  Spring \_\_\_\_\_

Please indicate which of the following courses you have taken (and the grade received), which you are currently enrolled in, and which you are planning to take in the future (and when):

SOCW 160 – Intro  Completed \_\_\_\_\_  Currently Enrolled  Planned \_\_\_\_\_

SOCW 357 – HBSE I  Completed \_\_\_\_\_  Currently Enrolled  Planned \_\_\_\_\_

SOCW 359 – HBSE II  Completed \_\_\_\_\_  Currently Enrolled  Planned \_\_\_\_\_

SOCW 362 – Individual  Completed \_\_\_\_\_  Currently Enrolled  Planned \_\_\_\_\_

SOCW 364 – Group  Completed \_\_\_\_\_  Currently Enrolled  Planned \_\_\_\_\_

SOCW 366 – Policy  Completed \_\_\_\_\_  Currently Enrolled  Planned \_\_\_\_\_

SOCW 368 – API  Completed \_\_\_\_\_  Currently Enrolled  Planned \_\_\_\_\_

SOCW 462 – Macro  Completed \_\_\_\_\_  Currently Enrolled  Planned \_\_\_\_\_

SOCW 463 – Child Welfare  Completed \_\_\_\_\_  Currently Enrolled  Planned \_\_\_\_\_

SOCW 467 – NGO  Completed \_\_\_\_\_  Currently Enrolled  Planned \_\_\_\_\_

SOCW 468 – Mental Health  Completed \_\_\_\_\_  Currently Enrolled  Planned \_\_\_\_\_

SOCW 469 – Aging  Completed \_\_\_\_\_  Currently Enrolled  Planned \_\_\_\_\_

SOCW 470 – Substance Abuse  Completed \_\_\_\_\_  Currently Enrolled  Planned \_\_\_\_\_

SOCW 486 – Stats/Research  Completed \_\_\_\_\_  Currently Enrolled  Planned \_\_\_\_\_

SOCW 490 – Preparation Seminar  Completed \_\_\_\_\_  Currently Enrolled  Planned \_\_\_\_\_

\*\*\* Please note that all courses listed above must be successfully completed with a C- or higher prior to beginning your internship placement.

What fields of social work interest you? (check all that apply)

Mental Health  Substance Abuse  Child Welfare  Aging  
 Corrections  Hospitals  Schools  Disabilities

Others: \_\_\_\_\_

Where in the world do you plan to complete your internship (city, state, country)?

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Do you have any specific preferences for your internship agency (agency name)?

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

\* Please note that the agency must have a B.S.W. or M.S.W. with at least two years of experience that is willing to serve as your field instructor.

What methods of transportation do you plan to use during your internship?

Personal Car       Public Transportation       Walk       Unknown

What relevant volunteer or employment experience do you have?

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

What languages do you speak, other than English? \_\_\_\_\_

What potential barriers to successful completion of your internship do you anticipate?

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

Have you ever been convicted of a felony?       Yes       No

If yes, please explain: \_\_\_\_\_

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

What other information could assist in matching you with a potential internship site?

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

\*\*\* Please submit this form to the Director of Field Education at [christian.kunz@byuh.edu](mailto:christian.kunz@byuh.edu)