Agency Information Form  
Saint Mary's College Social Work Department

Agency name: _________________________________________________________

Address: _____________________________________________________________

Telephone: ______________________  Fax: ______________________

Website: ______________________ ___________________________________

Anticipated Field Instructor: _____________________________________________

Position and qualifications: _____________________________________________

Brief description of student social work position: _______________________________________

______________________________________________________________________

Number of above-described positions available: _____________________________

Type of Field Practicum available:

<table>
<thead>
<tr>
<th>(Check as appropriate)</th>
<th>Required</th>
<th>Preferred</th>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall or Spring semesters, ½ day/week (4 days/week)</td>
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<tr>
<td>Fall and Spring semesters, 2 days/week (Tues./Thurs. – Sept. through May)</td>
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Car needed for duties  | Required ____ | Preferred ____ | Not required ____ |

Whom should the student contact for a pre-placement interview?

Name: _______________________________________________________________

Other comments: _______________________________________________________

Please mail completed form to: Saint Mary's College  
Social Work Department  
Box 100, Spes Unica  
Notre Dame, IN 46556