Agency Information Form
Saint Mary's College Social Work Department

Date: ____________________

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:

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<th>(Check as appropriate)</th>
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<td>Required</td>
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Fall or Spring semesters, ½ day / week  
(4 days / week)  

Fall and Spring semesters, 2 days/week  
(Tues./Thurs. – Sept. through May)

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