## Annual Placement Availability Form

<table>
<thead>
<tr>
<th>Date:</th>
<th>Agency Name:</th>
</tr>
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<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td></td>
<td>State:</td>
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<tr>
<td></td>
<td>Zip:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Title:</td>
</tr>
<tr>
<td>Credentials:</td>
<td>Telephone #:</td>
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<tr>
<td></td>
<td>Fax #:</td>
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<tr>
<td>Direct or Other Telephone #:</td>
<td>E-Mail:</td>
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<td>Agency Website:</td>
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Please indicate the total number of BC GSSW Interns requested:

<table>
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<tr>
<th>Clinical: First Year</th>
<th>Final Year</th>
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<tbody>
<tr>
<td>Macro: First Year</td>
<td>Final Year</td>
</tr>
</tbody>
</table>

**Summer Block Placement:** January Start:

If you only checked Final Year, would you consider an *experienced* First Year student? Yes [ ] No [ ]

**Brief description of your Agency or program.**

Please note if your Agency provides more than one unit in which students might be placed.

**Brief description of the student role and activities.**

**Schedule:** Please note if flexible hours are available or necessary for student assignments.

Can the student reach your Agency by public transportation? Yes [ ] No [ ]

Does the student need a car to provide Agency services? Yes [ ] No [ ]

Can your Agency provide a Stipend? Yes [ ] Stipend amount: $__________

Can your Agency provide Work-study Yes [ ] No [ ]

Does your Agency provide a formal orientation program? Yes [ ] No [ ]

If yes, please describe the requirements and schedule.

Does your Agency provide Safety Training? Yes [ ] No [ ]

If yes, please explain:

Does your Agency require CORI Yes [ ] No [ ] Drug Screen Yes [ ] Immunizations Yes [ ]
Agency Services: Please choose the practice area(s) which best describes the focus of your Agency. If more than one category applies, please rate them on a scale of 1 - 5.

- Administration
- Behavioral Health Inpatient
- Behavioral Health Outpatient
- Childcare/Early Invention
- Child Welfare/Adoption/Foster Care
- Colleges
- Community Planning & Development
- Death and Dying
- Developmental Disabilities
- Disabilities
- Employee Asst. Programs
- Family Services
- Forensic/Criminal Justice
- Foundations/Grants
- Government: City/State
- Health/Medical
- Homelessness/Housing
- Immigration/Refugee
- LGBT
- Planning/Project Mgt.
- Policy/Advocacy
- Protective Services
- Public Health
- Racial/Ethnic Focused
- Residential Care
- Schools
- Substance Abuse
- Veterans
- Women’s Services
- Other, please specify

Population Groups: Please indicate which groups your Agency serves.

- Adolescents
- Adults
- Children
- Elderly
- Families
- Immigrants/Refugees
- LGBT
- Men
- Women
- Young Adults
- Other, please specify

Racial/Ethnic Groups:

- African American
- Asian
- Caucasian
- Latino
- Native American
- Other, please specify

Language ability requested:

- American Sign Language
- Arabic
- Cape Verdean
- Chinese
- French
- French Creole
- Haitian Creole
- Khmer
- Korean
- Portuguese
- Russian
- Spanish
- Vietnamese
- Other:

Modality: Please check the primary intervention methods your Agency uses.

**Clinical**

- Case Management
- Couples/Families
- Crisis Intervention
- Group Treatment
- Individual Treatment
- Play Therapy
- Psycho-Education
- Other, please explain

**Macro**

- Community Organizing & Planning
- Leadership & Administration
- Policy Analysis & Advocacy
- Research/Program Evaluation
- Other, please explain

Note additional information here:

Please e-mail this form to: swfield@bc.edu
or mail to: Boston College GSSW, Field Office
McGuinn 204e, 140 Commonwealth Ave., Chestnut Hill, MA 02467
or fax to: 617-552-1095

Thank you for your interest in our Social Work program!