Virginia Wesleyan University

Bachelor of Social Work (BSW) Program

Internship Application

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summer Address if Different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAMPUS ADDRESS (if applicable for Fall 2020):

Ideas I am considering for a Practicum Experience as required for SW 401:

Age groups with whom I would like to work (1st, 2nd, 3rd choice) for my Internship Experience:

Types of agencies in which I would like to work for as an intern:

If there are specific needs or challenges that you may face of which the faculty should be aware, what are they? You must provide your own transportation to and from the internship, per departmental policy. You must be available to work in the agency 32 hours a week during agency hours. You will meet on campus in Seminar class 4 hours per week one afternoon each week.

In 500 words, please discuss how you see your classroom learning as preparing you for internship—think about how your knowledge of theory and research will inform your practice experience. In addition, discuss the strengths that you bring to the experience, for example, your ability to persist in the face of adversity or scarce resources; your ability to tolerate a “less than hoped for” outcome; or your tolerance for ambiguity would be strengths you might consider.

Your electronic signature on this document indicates that you have read, understand, and accept the policies of the internship experience in Virginia Wesleyan’s Bachelor of Social Work Program.

Signature:

Date: