

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)?

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

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

1st Choice: _____

2nd Choice: _____

3rd 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 kenneth.galeai@byuh.edu