

Child Welfare University Partnership Program Application

Application Due February 13

OU-Z, OU-E, OU-L Students: Return Application to:

Tracy A. Pritchard, LISW-S, UPP Campus Coordinator & Course Instructor

Eastern Campus Zanesville Campus OR 246 Elson Hall 304F Shannon Hall St. Clairsville, OH 43950 Zanesville, OH 43701

OU-Main, OU-C and OU-S Student: Return Application to:

Kortnie Weisenberger MSW, LSW, Assistant UPP

Campus Coordinator Ohio University

416 Morton Hall Athens, OH 45701

	Student Information					
Full Name						
PID						
Local Address						
City, State, Zip Code						
Email Address						
Phone	() -					
	•					
	Perma	nent Contact Informat	tion			
Permanent Address						
City, State, Zip Code						
Phone	() -					
	•					
		cademic Information				
Current GPA	Overall GPA		Social Work GPA			
Current Year in School		Expected date of Grad	luation			
Social Work Major?	YES N	Ю				
MSW Applicant	YES N	of graduation and	nt, Please indicate the date d program			

Optional – For Statistical Purposes Only

		T V	
Date	of	Birth	
Race			
Ethnicity _			
Gender			

Educational History					
College Attended	Dates of Attendance	Degree Received	Date of Graduation		

Previous Field Experience(s)				
Agency	Dates of Experience	Duties	Field Instructor	

Current and Previous Child Welfare Experience(s)					
Agency	Dates of Experience	Duties	Supervisor		
	Experience Wor	king With Chil	dren and Families		

,	Academic Awards, Scholarships, Publications, & Preser	ntations
Title of Academic Awards, Scholarships, Publications, & Presentations	Description of Academic Awards, Scholarships, Publications, & Presentations	Date

Employment History For the Past Two (2) Years (attach resume to application)							
Place of	Job title	Duties		Dates of	Work Days & Hours		
Employment				Employment			
History of Employn Children Services A			YES	NO			

Volunteer/ Community Service Experience During the Past Two Years						
Agency	Dates of Service	Duties	Agency Address	Supervisor	Phone	

Professional References				
Name	Agency	Address	Phone	

Languages Spoken Fluently	

			Transportati	on	
Do you have a	reliable car witl	n insurance?	YES	NO	
Automobile In	surance Compa	ny			
Policy #					
Are you willing to transport clients as part of field placement?		YES	NO		
Driver's License Number					
Automobile	Make		License Nun	aber	

Please list or identify any physical conditions, family responsibilities, or work commitments that might require consideration. This information will assist in the planning of your field placement.

> Applicants Please Note: All child serving agencies are mandated by law to conduct criminal background checks, fingerprinting, and drug screening on all students serving in internships or field placements and all new employees. Students applying for CWUPP are hereby notified that having a felony conviction or sanctions for unprofessional conduct will impact potential for obtaining field placement as well as social work licensure and future employment as a social worker. Previous family involvement with children services may impact potential for obtaining field placement and employment at some children services agencies. Driving records that include moving violations and driving under the influence may impact potential for obtaining field placement and employment at some children services agency due to the necessity of transporting clients.

Personal Statement

Please type your responses to the following questions (do not exceed 2 pages):

- 1. What is your understanding of the duties and responsibilities of a public child welfare worker?
- 2. What is it about child welfare and /or child protective services that attracted you to the field?
- 3. What areas of public child welfare are you interested?
- 4. What is your motivation for participating in University Partnership?
- 5. What experiences and personal strengths do you bring to the child welfare profession?
- 6. Describe level of comfort working with diverse families?
- 7. Please discuss any personal or family issues that may present obstacles to your successful completion of this program. How will you deal with such obstacles or challenges as you meet the expectations of this program and the county child welfare agency?
- 8. What are your career goals?
- 9. Are you willing to commit to working in the state of Ohio at a public children services agency after graduation for an employment commitment equal to your years of program participation?

CWUPP-Child Welfare University Partnership Program Case Vignette

For the following vignette, please provide a typed response not to exceed one page

The Smith family consists of a mother, father, and three children, the oldest being Eddie who is 10 years old. A suspected child abuse report alleges that Eddie was severely physically abused because he got bad grades on his report card. When you get to the home, his mother tells you that her husband beats Eddie but she cannot say anything because she is afraid of her husband. You have done a criminal records check and found out that he was convicted of an assault charge related to domestic violence two years ago.

As a public child welfare worker, what would be your goals here? Describe three things that you would do to address your goals.

Include the Personal Statement and Case Vignette with the Application

Ohio University

Child Welfare University Partnership Program Field Placement Disclosure Form

Field Placement has as its purpose the opportunity for students to integrate classroom theory with client systems practice and to develop professional identity and skills. Practice takes place in a broad range of social service settings. The market of available placement positions is limited, and agencies are highly selective of the students they accept. Some agencies require and execute background checks for misconduct, such as felony convictions or documented violations of the National Association of Social Workers code of Ethics.

Ohio University School of Social Work requires each field applicant to sign this disclosure form. This form allows the School to inform a student's prospective field agencies of current or past felonious convictions; or other disciplinary procedures or other misconduct in violations of institutions where the individual may have attended; or other misconduct in violation of the NASW Code of Ethics. Agencies need this information in order to accept you as a student.

Please sign this form and submit it with your Child Welfare University Partnership Program Field Application. No application will be processed without this form.

I hereby grant permission for the Ohio University School of Social Work's Child Welfare University Partnership Program to notify any agency to which I apply as a field student to my current or past documented felony conviction, criminal misbehavior, or other misconduct in violation of the NASW Code of Ethics. I further attest that I have discussed with the officials of Ohio University Child Welfare University Partnership Program any current and /or previous criminal background information, which is inclusive of moving violations, misdemeanors, and felony charges and convictions.

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ignatura	
ignature:	
Date:	

RELEASE OF INFORMATION AUTHORIZATION

I, the undersigned, hereby authorize representatives of the Ohio University Social Work Program to obtain from Ohio University's Registrar's Office and release to the Ohio Department of Job and Family Services, my academic enrolment records for any period during which I am enrolled in the Child Welfare University Partnership Program. The records to be released include courses registered for and completed during the period in which I am affiliated with the CWUPP and the credit hours associated with each course. The information will be released to the Ohio Department of Job and Family Services (ODJFS), currently administering the Title IV-E scholarship funds for the CWUPP for the purposes of determining the scholarship award I will receive upon graduation from Ohio University and employment in a public children service agency in Ohio, and any additional reimbursement ODJFS will provide the Ohio University Social Work Program for program administration.

Name (please print)		
Signature	Date	



Permission for Post Graduation Contact

Print 1	Name			_			
Sign Name		_	Date				
			UPP Post Gr	aduati	on Information		
Student Contact Information							
Permanent A	ddress						
City							
State, Zip Co	de						
UPP Post Graduation Information (For Campus Coordinator Use Only) Pre/Post Results Pretest Score Posttest Score							
Number of Years in UPP Prior to Current Involvement							
Student Accepts Employment YES		NO					
Date of Hire							
Agency	Agency Ado	dress	Supervisor Upo Hire	on	Supervisor Phone	Supervisor Email	