



Warner Pacific College

Social Work Field Placement Form

Student Name: _____

AGENCY/ORGANIZATION INFORMATION

Name of agency or organization where placed: _____

Address: _____

Name of Field Instructor: _____

Office phone: _____ Mobile phone: _____

Email address: _____

Name of on-site Task Supervisor: _____

Office phone: _____ Mobile phone: _____

Email address: _____

Name of Agency Contact (if different from above): _____

Office phone: _____ Mobile phone: _____

Email address: _____

INTERNSHIP INFORMATION

Brief description of intern learning opportunities and responsibilities at placement:

Best days and hours of placement:
