

## Child Welfare University Partnership Program Application

**2010-2011**

*\*Application Deadlines: Check with your preferred university for deadlines.  
Two references are required.*

<b>University Student ID</b>		
<b>Student Name</b>		
<b>Local Address</b>		
<b>City</b>		
<b>State, Zip Code</b>		

Local Phones	
<b>Day</b>	
<b>Evening</b>	
<b>Cell</b>	

<b>Permanent Address</b>		
<b>City</b>		
<b>State, Zip Code</b>		
Permanent Phones		
<b>Day</b>		
<b>Evening</b>		
<b>Cell</b>		
Current Email		
<b>Email</b>		

Academic Information			
<b>Current GPA</b>	<b>Overall GPA</b>		<b>Social Work GPA</b>
<b>Current Year in School</b>			
<b>Expected date of Graduation</b>			
<b>Social Work Bachelor Applicant</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>MSW Applicant</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If MSW Applicant, Please indicate the date of graduation from Undergraduate Degree</b>	
		<b>Undergraduate Degree</b>	

**Optional – For Statistical Purposes Only**

Date of Birth _____
Race _____
Ethnicity _____
Gender _____

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

Previous Field Experience			
Agency	Dates of Experience	Duties	Supervisor

Current and Previous Child Welfare Experience			
Agency	Dates of Experience	Duties	Supervisor

Experience Working With Children

<b>Do You Receive Financial Aid?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Academic Awards, Scholarships, Publications, &amp; Presentations</b>		
<b>Title of Academic Awards, Scholarships, Publications, &amp; Presentations</b>	<b>Description of Academic Awards, Scholarships, Publications, &amp; Presentations</b>	<b>Date</b>

<b>Employment History For the Past Two (2) Years</b>				
<b>Place of Employment</b>	<b>Job title</b>	<b>Duties</b>	<b>Dates of Employment</b>	<b>Work Days &amp; Hours</b>
<b>History of Employment with Public Children Services (PCSA)</b>			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

***\*Attach Resume to Application***

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

Professional References			
Name	Agency	Address	Phone

*\*Minimum of Two Required. See Attached Professional Reference Forms*

Languages Spoken Fluently

Transportation			
Do you have a reliable car with insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Automobile Insurance Company			
Policy #			
Are you willing to transport clients as part of field placement?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License Number			
Automobile	Make		License Number

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 UPP 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 PCSA may impact potential for obtaining field placement and employment at some PCSAs. Driving records that include moving violations and driving under the influence may impact potential for obtaining field placement and employment at some PCSAs due to the necessity of transporting clients.**

### Personal Statement

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?

### University Partnership/ Title IV-E Child Welfare Training Program Field Case Assessment

*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 Type Written Personal Statement and Case Assessment with the application.*

**University Partnership/ Title IV-E Child Welfare Training Program Field Agency Preference Form**

If accepted into this program, we will do our best to match you with your preferred field agency, according to your interests and distance from your residence during the academic year. Below are several Ohio Children Services Boards that offer field placements. It is important to rate at least 3-5 agencies. Please indicate your level of interest in each of the agencies, rating it from 1= Most interest to 10= Least interest.

- |                           |                        |
|---------------------------|------------------------|
| Franklin County CSB _____ | Fairfield Co CSB _____ |
| Licking CO CSB _____      | Madison Co CSB _____   |
| Pickaway Co CSB _____     | Union Co CSB _____     |
| Champaign Co CSB _____    | Clark Co CSB _____     |
| Marion Co CSB _____       | Muskingum Co CSB _____ |
| Richland Co. CSB _____    | Coshocton Co CSB _____ |
| Montgomery Co CSB _____   | Hamilton Co CSB _____  |
| Hancock Co CSB _____      | Warren Co CSB _____    |
| Delaware Co CSB _____     | Union Co CSB _____     |
| Summit Co CSB _____       | Athens Co. CSB _____   |
| Wayne Co CSB _____        | Butler Co. CSB _____   |
| Greene Co CSB _____       | Other County CSB _____ |

<b>Field Placement</b>								<i>*To Be Completed By Coordinator</i>							
<b>Field Agency</b>								<b>Field Instructor</b>							
<b>Address</b>															
<b>City</b>				<b>State</b>				<b>County</b>				<b>Zip Code</b>			
<b>Phone</b>								<b>Cell</b>							
<b>Fax</b>								<b>Other</b>							

***\*This page of your application will not be shared with prospective field agencies.***

**Child Welfare University Partnership Program Reference  
2009-2010**

To the Applicant: Please provide the information requested in number 1, 2, & 3, and then give this form to the recommender.

1. Name of Applicant: \_\_\_\_\_  
Last First Middle

2. Read the statements below and sign on the line that reflects your choice.

- The Family Education Rights and Privacy Act of 1974 entitle students to have access to the references in their permanent record at \_\_\_\_\_ (University). The applicant may waive this right of access, in which case the reference will be considered by \_\_\_\_\_ (University). and will not be available to the student. The reference will, also, be shared with the county child welfare agency.

\_\_\_\_\_ I do not waive my right to access to this reference letter.

Applicant Signature \_\_\_\_\_

- If you wish to waive your right to access to this reference, sign your name on the line below the following statement:  
I, the undersigned, hereby waive all rights or privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing in this reference. I agree that the observations made in this reference should be confidential between the writer, \_\_\_\_\_ (University). , and the designated county Children's Services agency.

\_\_\_\_\_ I waive my right to access to this reference.

Applicant Signature \_\_\_\_\_

3. Name of Recommender: \_\_\_\_\_

**To the Recommender:** The person requesting this reference letter is applying for the Child Welfare University Partnership Program. This means that the student will be using social work education to prepare for employment in an Ohio public child welfare agency. Candidates for UPP are chosen jointly by \_\_\_\_\_ (University), and a representative from Children’s Services in the county where the student is applying for a field placement. Some benefits are available to students who successfully complete the social work program and obtain employment in a public child welfare agency. Child welfare work is quite challenging. We are asking for reference letters to help us determine if the student’s strengths and abilities are a good match for the demands of public child welfare work. Your letter may be shared with the county agency as part of establishing the student field placement.

**Student:** \_\_\_\_\_

**Recommender:** \_\_\_\_\_

*Please include in your letter the following information:*

*How long and in what capacity have you known the student?*

- *Student’s ability to learn new concepts*
- *Student’s ability to learn new job related tasks*
- *Student’s ability to organize when there are many tasks to complete*
- *Student’s dependability*
- *Student’s skill level related to taking initiative*
- *How student gets along with supervisors and co-workers*
- *Student’s ability to relate to people from diverse backgrounds.*

*Please describe what you believe to be the student’s major strengths and any areas that may be deficient.*

\*Letter submission is optional. Please address all questions

\_\_\_\_\_

Recommender’s Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Recommender’s Name (Type or Print)

\_\_\_\_\_

Position or Title

\_\_\_\_\_

Recommender’s Phone Number

**Thank You!**