

Child Welfare University Partnership Program Application



Return Application and Two Reference Letters to:

Jo Ellen Layne, LISW-S- UPP Campus Coordinator
 Wright State University
 270 Millett Hall, Dept. of Social Work
 3640 Colonel Glenn Hwy
 Dayton, Ohio 45435-0001

University Student ID		
Student Name		
Local Address		
City		
State, Zip Code		

Local Phones	
Day	
Evening	
Cell	

Permanent Address		
City		
State, Zip Code		
Permanent Phones		

Day	
Evening	
Cell	
Current Email	
Email	

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

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

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

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

****Attach Resume to Application***

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

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.*

[Just a note- this section will be adjusted once we figure out the data base and how this will be displayed on a computerized 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. While many students prefer to stay within Franklin County, this agency may not be able to provide placements to all of the UPP students. Thus, 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 3 = Least interest.

Montgomery Co CSB _____	Butler Co CSB _____
Clark Co CSB _____	Warren Co CSB _____
Greene Co CSB _____	Miami Co CSB _____
Wayne Co CSB _____	Other County CSB _____

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

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