

**CHILD WELFARE UNIVERSITY PARTNERSHIP PROGRAM APPLICATION**

**2010-2011**

The University of Akron



***Return Application and Two Reference Letters to:***

Melissa K. McCollister, MSW - UPP Campus Coordinator  
The University of Akron, School of Social Work  
410 Polsky Building  
Akron, Ohio 44325-8001  
330.972.5287 mkm12@uakron.edu

Application for (check one)

- Junior Program
- Senior/ MSW Program

UPP Eligibility Criteria:

- Social Work Major
- Eligible to Begin Field in Fall  Spring
- Conference with UPP Campus Coordinator
- Completions of "Shadowing Experience"/Tour at PCSA\*

UPP Admission Date \_\_\_\_\_

**CHILD WELFARE UNIVERSITY PARTNERSHIP PROGRAM APPLICATION**  
**2010-2011**

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

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

<b>Local Address</b>		
<b>City</b>		
<b>State, Zip Code</b>		

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

<b>Email</b>				
<b>University</b>				
<b>Other</b>				
<b>Current Year in School</b>				
<b>MSW, Degree</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If MSW, date of graduation from Undergraduate Degree</b>		
<b>Current GPA</b>	<b>Overall</b>		<b>Social Work</b>	

**Optional – For Statistical Purposes Only**

Date of Birth _____ Race _____ Ethnicity _____ Gender _____
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<b>Application Deadline</b>		<b>Date Application Received</b>	
<b>Student Admitted to UPP</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Number of Years in UPP Prior to Current Involvement</b>			

**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 Summit 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 10= Least interest.

Medina Co CSB \_\_\_\_\_

Mahoning Co CSB \_\_\_\_\_

Portage Co CSB \_\_\_\_\_

Trumbull Co CSB \_\_\_\_\_

Stark Co CSB \_\_\_\_\_

Summit Co CSB \_\_\_\_\_

Wayne Co CSB \_\_\_\_\_

Other County CSB \_\_\_\_\_

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

<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>							

<b>Educational History</b>			
<b>College Attended</b>	<b>Dates of Attendance</b>	<b>Degree Received</b>	<b>Date of Graduation</b>

Previous Field Experience			
Agency	Dates of Experience	Duties	Supervisor

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

<b>Do You Receive Financial Aid?</b>	<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

Current Employment History				
Place of Employment	Job title	Duties	Dates of Employment	Work Days & Hours
<b>History of Employment with PCSA</b>			<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

References			
Name	Agency	Address	Phone

**\*See Attached Reference Forms**

Languages Spoken Fluently
English

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

<b>Driver's License Number</b>			
<b>Automobile</b>	<b>Make</b>		<b>License Number</b>

<b>Physical Conditions, Family Responsibilities, or Work Commitments that require Special Consideration- Please Explain</b>
NONE

**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.**

**The University of Akron**

**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.

The University of Akron, 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 University of Akron, School of Social Work' Child Welfare University Partnership Program to notify any agency to which I apply as a field student of 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 The University of Akron 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.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



***Counselor, Social Worker & Marriage  
and Family Therapist Board***

50 West Broad Street, Suite 1075  
Columbus, Ohio 43215-5919  
614-466-0912 & Fax 614-728-7790

<http://cswmft.ohio.gov> & [cswmft.info@cswb.state.oh.us](mailto:cswmft.info@cswb.state.oh.us)

**CRIMINAL RECORDS CHECK REQUIRED FOR INITIAL LICENSURE**

Section 4757.101 of the Ohio Revised Code requires all individuals applying for a license issued by the CSWMFT Board (Board) to submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification and Investigation (BCI) and the Federal Bureau of Investigation (FBI). This applies to applicants for PC, PCC, CT, LSW, LISW, SWA, SWT, MFT, IMFT and all TEMPs.

Applicants residing in Ohio are required to utilize "WebCheck", Ohio's electronic fingerprint system, to electronically submit their fingerprints to BCI. The Board will typically receive the results of a criminal records check submitted via "WebCheck" within 7 to 10 business days. In addition to the \$22 BCI fee and \$24 FBI fee, the electronic fingerprinting company/agency will charge its own fee to process the fingerprints.

Since the law requires applicants for licensure to submit a criminal records check completed by both BCI and FBI, you **must** use the services of a "WebCheck" vendor that participates in the "National WebCheck." The Sheriff's offices in most Ohio counties participate in the "National Web Check." A list of other "WebCheck" vendors in Ohio, arranged by county, is available online at:

<http://www.aq.state.oh.us/business/fingerprint/data/index.asp>

**When locating an electronic fingerprinting site on this web page, please note that you must use the services of a vendor that has (BCI & FBI) listed after the vendor's name.** Only these entities participate in "National WebCheck." The Board does not endorse or recommend any specific electronic fingerprinting company/agency.

**You need both the BCI and FBI criminal records check for each initial license type. By law, the Board cannot complete the processing of your application until it receives the background check reports from both the BCI and FBI.**

**Steps for "WebCheck"**

1. Identify a "WebCheck" vendor that participates in the "National WebCheck."
2. Submit your fee directly to the "WebCheck" vendor. **DO NOT SEND YOUR FINGERPRINTS OR FEE TO THE BOARD.**
3. Request that the criminal records check results from both the BCI and FBI be sent directly to:  
**Counselor, Social Worker & Marriage and Family Therapist Board  
50 West Broad Street, Suite 1075  
Columbus, Ohio 43215-5919** **Results must be mailed from BCI to CSWMFT BD**
4. List the reason for fingerprinting as: "Required for licensure per ORC 4757.101. and Volunteer for Children's Act"
5. Write clearly in black ink, as unreadable cards will be rejected. Do not alter the card or boxes.

**Instructions for Individuals Residing Outside of Ohio**

Individuals residing outside of Ohio must contact the Board at 614-466-0912 or [cswmft.info@cswb.state.oh.us](mailto:cswmft.info@cswb.state.oh.us) to request the appropriate forms. The Board will mail the forms needed for your fingerprints to be processed at your local law enforcement agency.



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

To the Recommender: The person requesting this reference letter is a BSW student at The University of Akron School of Social Work who has applied 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 The University of Akron 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.

\_\_\_\_\_

Recommender’s Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Recommender’s Name (Type or Print)

\_\_\_\_\_

Position or Title

\_\_\_\_\_

Recommender’s Phone Number

**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 demanding program and payback requirements. 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 at one year?

**University Partnership/ Title IV-E Child Welfare Training Program Field Case Vignette**

*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.