



Agency Application and Informational Sheet

Name of Agency: _____
Address: _____ Phone: _____
City/State/Zip: _____
Website: _____

Affiliation Agreement Contact: A legal agreement between WKU & agency

Is there a Current affiliation agreement? [] Yes [] No

Name: _____ Email: _____ Phone: _____

Agency Description/Services Provided:

[Empty box for Agency Description/Services Provided]

Preferred Interns: [] BSW [] MSW [] BOTH

of Interns per Academic Year (August – May): _____

Paid Internships: [] Yes [] No

Clearance Requirements for Internship:

- [] Criminal Background Checks
[] Drug Testing
[] Immunizations (please list): _____
[] Other: _____

Shifts available:

- [] Day Hours
[] Evening Hours
[] Weekends
[] Mixture; explain: _____

Please complete this form and email it with any supporting documents to: SWRKField@wku.edu

Subject Line: Agency Application and Informational Sheet

Please provide Social Work Internship Job Description(s)