

# Social Work/Human Services Fieldwork

## GWC Counseling Department

### Agency's Information Form

Agency Name: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
Supervisor Name & Title: \_\_\_\_\_  
Supervisor Phone Number: \_\_\_\_\_  
Supervisor Email: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Semester/Year: \_\_\_\_\_  
Student Phone: \_\_\_\_\_  
GWC Email: \_\_\_\_\_

#### Fieldwork Duties:

Please describe the duties that the student will be working on at your agency.

☐ The student is approved to complete \_\_\_\_\_ total hours.

Expected End Date: \_\_\_\_\_

#### Fieldwork Schedule:

Monday (Ex: 8 am-5 pm)	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total per hours week