

Michelle George, MSW, LCSW, BCD
Field Coordinator, Associate Professor
Mgeorge@messiah.edu



Charlene Lane, Ph. D., MSW, LCSW
Interim Chair, Program Director, Associate Professor
MLane@messiah.edu

DEPARTMENT OF
SOCIAL WORK

Student and Agency Contact Information Student Information:

Student Name:

Current Address

Cell Phone Number: Secondary Phone Number:

Email Address:

Person to Contact in case of emergency (Name):

(Relationship to student): (Phone Number):

Agency Information:

Placement Agency:

Agency Address:

Name of Supervisor:

Supervisor Phone Number:

Supervisor E-mail Address:

Alternate Contact Person at Agency:

Alternate Contact Phone Number:

Contact Information:

Student's Primary Work Site:

Primary Work Site Address:

Primary Work Site Phone Number:

Student's Secondary Work Site:

Secondary Work Site Address:

Secondary Work Site Phone Number:

Hours: Write the weekly times and number of hours you have agreed to be in placement in the table below (Example: Monday – 1:00PM to 8:00PM, 7hours) Also note which site if necessary.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

