

DEPARTMENT CHAIR
Charles Seitz, Ph.D., MSW, LCSW

FIELD COORDINATOR
Michelle George, MSW, LCSW, BCD

ASSOCIATE PROFESSOR
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SOCIAL WORK DEPARTMENT
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CONTACT INFORMATION:

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Student and Agency Contact Information

Student Information:

StudentName: _____

CurrentAddress: _____

Phone Number: _____ Cell Phone Number _____

Email Address: _____

Person to Contact in case of emergency: (Name) _____

(Relationship to student) _____ (PhoneNumber) _____

Agency Information:

Placement Agency: _____

Agency Address: _____

Name of Field Instructor: _____

Field Instructor Phone Number: _____

Field Instructor E-mail Address: _____

Alternate Contact Person at Agency (if appropriate): _____

Alternate Contact Phone Number (if appropriate) _____

Contact Information:

Student's Primary Work Site: _____

Primary Work Site Address: _____

Primary Work Site Phone Number: _____

Student's Secondary Work Site (if applicable): _____ Secondary Work

Site Address (if applicable): _____

Secondary Work Site Phone Number (if applicable) _____

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

