

LOMA LINDA UNIVERSITY

Department of Social Work & Social Ecology Child Welfare (Title IV-E) Program Application

Date submitted by student: Student ID:

Section I: Identifying Information			
First Name: Last Name:			
Address: City: Zip code: County:			
Mailing Address (if different from above):			
Telephone (home): (work): (cell):			
E-mail: 2 nd E-mail:			
Ethnicity/Race: Birth Date (mm/dd/yyyy):			
Are you a U.S Citizen? Yes No			
If no, please answer the following questions:			
a. Visa Type:			
b. Visa Number:			
c. Visa Expiration date:			
d. Country of Origin:			
e. Citizenship:			
f. State of Residence:			
g. If Foreign-born US Citizen, Date of Naturalization:			
h. If not US Citizen, a Permanent Resident Alien? (student has a valid Green			
Card):			
Fluency in language other than English – Specify Language/s:			
Check all that Apply: Read Write Speak			
Auto License Plate Number:			
Insurance Carrier:			
Driver's License Number: State: Expiration date:			

Section II: Program Information			
<u>LLU full-time program</u> : 2 years			
<u>LLU part-time program</u> (public child welfare county employees only)			
☐ 3 years ☐ 4 years ☐ not sure			
Education Leave Yes No			
20/20 program Yes No			
I am interested in the following program concentration:			
☐ Clinical ☐ Policy			
Section III: For Child Welfare Employees Only Name of County and Agency where employed: Address:			
Phone: Job Title:			
Supervisor: Phone:			
Supervisor: Phone: Employment: from (mo/yr) to (mo/yr) #of hrs/week:			
-			
-			
Employment: from (mo/yr) to (mo/yr) #of hrs/week: Section IV –Paid Work Experience Relating to Child Welfare			
Employment: from (mo/yr) to (mo/yr) #of hrs/week: Section IV -Paid Work Experience Relating to Child Welfare (To be completed by all applicants) List any previous child related work experiences, including name(s) of agency (ies), job			
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Name of Agency:		
Address:		
Job Title:		
Employment: from (mo/yr)	to (mo/yr)	#of hrs/week:
Duties / Responsibilities:		
Name of Agency:		
Address:		
Job Title:		
Employment: from (mo/yr)	to (mo/yr)	#of hrs/week:
Duties / Responsibilities:		
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Name of Agency:		
Address:		
Job Title:		
Employment: from (mo/yr)	to (mo/yr)	#of hrs/week:
Duties / Responsibilities:		
Section V – Other Paid Social W (To be completed by all applicants	-	eriences
	s) ted work experien	ces, including name(s) of agency
(To be completed by all applicants List any previous social work relations), job title, and dates of employ	s) ted work experien	ces, including name(s) of agency
(To be completed by all applicants) List any previous social work relati	s) ted work experien	ces, including name(s) of agency
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(To be completed by all applicants List any previous social work relat (ies), job title, and dates of employ Name of Agency: Address: Job Title: Employment: from (mo/yr)	s) ted work experien	ces, including name(s) of agency ditional page if needed).
(To be completed by all applicants List any previous social work relat (ies), job title, and dates of employ Name of Agency: Address: Job Title:	ted work experien yment. (Attach add	ces, including name(s) of agency ditional page if needed).
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Name of Agency:		
Address:		
Job Title:		
Employment: from (mo/yr)	to (mo/yr)	#of hrs/week:
Duties / Responsibilities:		
Name of Agency:		
Address:		
Job Title:		
Employment: from (mo/yr)	to (mo/yr)	#of hrs/week:
Duties / Responsibilities:		
Section VI – Non-paid/Volunteer I (To be completed by all applicants)	Mission Work or	Field Practicum Experiences
List any previous experiences, inclu commitment. (Attach additional pag		gency (ies), job title, and dates of
Name of Agency:		
Address:		
Job Title:		
Employment: from (mo/yr)	to (mo/yr)	#of hrs/week:
Duties / Responsibilities:		
Name of Agency:		
Address:		
Job Title:		
Employment: from (mo/yr)	to (mo/yr)	#of hrs/week:
Duties / Responsibilities:		
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Name of Agency:		
Address:		
Job Title:		
Employment: from (mo/yr)	to (mo/yr)	#of hrs/week:
Duties / Responsibilities:		

Address:

Job Title:

Employment: from (mo/yr) to (mo/yr) #of hrs/week:

Duties / Responsibilities:

Section VII: Personal Statement

Please include a 2-3 page statement with this application form addressing the following areas:

- 1. Discuss your understanding of the commitment involved in accepting the CalSWEC stipend award.
- 2. Discuss your career goals (i.e., where do you see yourself five years from now?)
- 3. Discuss your knowledge of basic public child welfare services.
- 4. Discuss your motivations for wanting to work in this setting.
- 5. Discuss personal strengths and weaknesses you might bring to the field of public child welfare.

Mail or hand deliver your completed application to:

Viola Lindsey, Title IV-E Project Coordinator Department of Social Work & Social Ecology School of Science & Technology Loma Linda University Loma Linda, CA 92350

OR Email to: vlindsey@llu.edu (Bring hard copy to interview)

OR Fax to: 909-379-7587