



Kathryn M. Buder Center  
for American Indian Studies

Brown School

## Social Workers Advancing through Grounded Education (SAGE) Application Instructions

1. **Complete the entire SAGE Application.** Please type or print clearly. If a question does not apply, write “not applicable” or N/A. Incomplete applications will not be processed.
2. **Attach your resume.** Include all relevant professional experiences in American Indian and Alaska Native communities that you may have had. Be sure to list your most recent employment and volunteer experiences. (Two pages maximum)

**Emailed submissions with completed application and resume attached are preferred. Please submit all materials to [SAGEBrownSchool@email.wustl.edu](mailto:SAGEBrownSchool@email.wustl.edu) by the indicated deadline date.**

**SAGE Application due date: March 12, 2021**

**Students Notified of SAGE Application Decision: March 26, 2021**

**OFE New Site Affiliation Applications Due for Summer 2021: April 1, 2021**

**OFE Out-of-state practicum application due to OFE: Not Required for Summer 2021**

**SAGE Stipend Form & Pre-Assessment due before: April 6, 2021 (will be sent via email)**

**OFE Practicum Registration (in Symplicity) for Summer 2021: May 1, 2021**

**SAGE Post-Assessment due: Before end of practicum (will be sent via email)**





## Student Information

<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Email:</b>
<input type="text"/>

<b>Cell Phone:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Concentration:</b>	<b>Specialization:</b>	<b>OFE Field Advisor's Name:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Are you Bilingual (yes or no)?:</b>	<b>Language (include tribal):</b>
<input type="text"/>	<input type="text"/>

<b>Language Fluency (novice, intermediate, or advance):</b>
<input type="text"/>

**All SAGE practicum students are responsible for their own transportation:**  
(Please check into your local SAGE site's public transportation systems)

<b>Do you have valid driver's license?</b>	<b>Do you have access to a vehicle?</b>
<input type="text"/>	<input type="text"/>



Brown School

## Required Academic Training

Please indicate the two American Indian and Alaska Native courses you will have taken prior to your SAGE practicum start date. Your SAGE stipend is contingent on enrolling, completing and passing the training you mark here. You must complete all coursework and be in academic good standing.

<b>American Indian/Alaska Native Courses (completion of 2 courses is required):</b>	<b>Semester Completed (Check One):</b>
<b>S20-5751</b> American Indian Societies, Cultures, & Values	<input type="checkbox"/> Spring 2019 <input type="checkbox"/> Spring 2021
<b>S60-5019</b> Community Development with American Indian & Other Indigenous Communities	<input type="checkbox"/> Fall 2019 <input type="checkbox"/> Fall 2021
<b>S40-5749</b> AI/AN Social Welfare Policies & Administrative Practices	<input type="checkbox"/> Spring 2020 <input type="checkbox"/> Spring 2022
<b>S31-4005</b> Indigenous Mental Health Practice	<input type="checkbox"/> Fall 2020 <input type="checkbox"/> Fall 2022
<b>Active Participation and Attendance in:</b>	
<b>American Indian Student Association (AISA)</b> all meetings and scheduled events: <input type="checkbox"/> I attended all AISA meetings and scheduled events	
<b>Pow Wow Committee and/or Leadership Development and Evaluation in Indian Country Course</b> (select all that apply): <input type="checkbox"/> I attended all Pow Wow Committee planning meetings and volunteered at the event <input type="checkbox"/> I completed the Leadership Course and volunteered at the event	
<b>SAGE Brown Bag Session:</b> <input type="checkbox"/> I attended the SAGE Brown Bag Session	

## Optional Academic Training

Please indicate which courses you will have taken prior to your SAGE practicum and ones you are interested in taking after practicum. These courses are not required.

<b>Other Courses/Activities:</b>	<b>Semester Completed:</b>
<b>S55-5325</b> TPS: Child Maltreatment	
<b>S55/S30-5360</b> Youth Violence	
<b>S31-5147</b> Core Concepts in Trauma Treatment for Children and Adolescents	
<b>S20-1022</b> Intimate Partner Violence: Theories, Problems and Issues	
<b>S65-5037</b> Domestic Violence and the Law	
<b>S30-9453</b> Substance Use Disorders	
<b>S31-5157</b> Sex Trafficking	
<b>Center for Advanced Studies in Child Welfare trainings</b> Online training modules	
<b>Other Child maltreatment courses, training or professional development:</b> _____	
<b>Buder Center's Annual Trivia Night</b>	Optional
<b>Pow Wow Committee Sponsorship Outreach</b>	Optional



## SAGE Practicum Site Information

**NOTE:** This information is requested by the Brown School Office of Field Education (OFE) when you complete your “Request for Out of State Practicum” steps. This document can support you as you complete the OFE out of state practicum request form.

**Anticipated Practicum Start Date:**

**Anticipated Practicum End Date:**

--	--

**SAGE Site Name:**

--

**SAGE Site Address:**

**City:**

**State:**

**Zip Code:**

--	--	--	--

**Field Instructor’s Name:**

--

**Field Instructor’s Email:**

--

**Field Instructor’s Phone Number:**

--

### Residency during SAGE Practicum

**Address:**

**City:**

**State:**

**Zip Code:**

--	--	--	--

### Emergency Contacts

**Name 1:**

**Relationship:**

**Phone:**

--	--	--

**Name 2:**

**Relationship:**

**Phone:**

--	--	--



## SAGE Application Questions

**NOTE:** Please respond to the following prompts in paragraph form. If clarification is needed, please reach out to the SAGE Program staff. Prior to answering the questions, consider having a list of tasks or projects that you and your site have agreed upon. A list of the social work competencies is also helpful.

1. Describe the skills and knowledge you would like to develop or enhance as a professional, related to working in American Indian/Alaska Native communities and why are they important to you? (200-300 words)



**Kathryn M. Buder Center  
for American Indian Studies**

---

**Brown School**

2. Describe two specific competencies or goals that you will focus on as part of your SAGE practicum experience. Indicate why you selected these two items. (100 words or more)



**Kathryn M. Buder Center  
for American Indian Studies**

---

Brown School

3. Please describe, in detail, your career plans, specifically as it relates to advancing policy, practice, research and equity in Indian Country.  
(200-300 words)



4. Identify and describe potential areas of challenge during your SAGE practicum/experience. Please explain how you plan to overcome these challenges and what resources are needed in order to address these barriers. (200-300 words)



Brown School

## Assurance Form

Please initial each of the following items below. By initialing you acknowledge that you have read, agree to and understand each item:

\_\_\_\_\_ **SAGE Selection Process**

The SAGE practicum process is a collaborative partnership between the student, the organization, the field instructor, the Buder Center, and the Brown School. SAGE applications will be reviewed and approved by SAGE program staff and applications will only be approved for students who meet the requirements and adhere to NASW/APHA code of ethics.

\_\_\_\_\_ **SAGE Field practicum acquisition**

SAGE practicums may be highly competitive. Students should be aware of that even if you are accepted as an applicant. SAGE partnering sites set their own preferences when selecting MSW/MPH students via interviews. Final acceptance is at the will of the prospective field instructor by the SAGE site.

\_\_\_\_\_ **SAGE Orientation & Pre- and Post-Surveys**

As a recipient of the \$9,000.00 stipend, I understand that I must complete a pre and post assessment, including the satisfaction survey upon completion of my field education experience.

\_\_\_\_\_ **SAGE Release/Termination**

If you or the agency/organization request that you be released or terminated from practicum before the completion of hours in the field or fail to participate in orientation, you can and will be asked to return the stipend that has been paid to you at a prorated amount commensurate with your termination date and no further monthly payments will be made.

\_\_\_\_\_ **Notification of Placement Hours & Location**

Under no circumstances can the Office of Field Education or the SAGE program staff promise particular days, hours or location of SAGE field. Evening and weekend placements are rare and sometimes nonexistent. However, students should be prepared to engage in SAGE field placements from 8-5 on weekdays.

\_\_\_\_\_ **Drug Screening & Criminal Background Checks**

An increasing number of organizations are requiring student interns to complete background checks and/or drug screens. Based on the nature of certain offenses or findings, the background checks and/or drug screens could preclude participation in a SAGE field placement or the MSW/MPH program. The cost of background checks and/or drug screens are the responsibility of the student or the requiring agency.



## SAGE Authorization Form

### **Authorization for Release of Records and Information**

I authorize the Brown School to release my educational records and information, including but not limited to academic records, this SAGE practicum application, health, criminal background, and drug screen information and records to any facility where I participate in, or request to participate in, an applied learning experience (field placement) but not limited to the FACILITY. This authorization will be valid throughout my participation in the SAGE practicum experience. I also grant my permission to and authorize the FACILITY to release the above information to the UNIVERSITY. The purpose of this release and disclosure is to allow the FACILITY and the UNIVERSITY to exchange information about my medical, criminal background, and drug screen information, and records history, and about my performance in an applied learning experience.

### **Participant Field Education Agreement**

In consideration of my participation in the SAGE program at the FACILITY or any other facility where I may participate in such a program (hereinafter referred to as the "FACILITY"), I agree:

1. To follow the policies, standards and practices of the FACILITY when in the FACILITY, including HIPAA.
2. To abide by the UNIVERSITY's policies, including applicable Code of Conduct and honor codes.
3. To report to the FACILITY on time and to follow all established regulations of the FACILITY.
4. If requested, to undergo a health examination as necessary to meet program requirements, including testing to determine infectious or contagious diseases, and to provide evidence of immunity, as may be appropriate and to meet program requirements.
5. I agree to undergo a drug screen, and criminal background check as may be required by the FACILITY.
6. To keep in confidential and private all medical, health, mental health, financial and social information pertaining to any particular client or patient.
7. Not to publish any material related to the clinical/field education experience that identifies or uses the name of the UNIVERSITY and the FACILITY, its members, officers, clients, patients, students, or faculty, directly or indirectly, unless I have first received written permission from the UNIVERSITY and the FACILITY.
8. To comply with all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances.



**Kathryn M. Buder Center  
for American Indian Studies**

**Brown School**

- 9. To follow Center for Disease Control and Prevention (C.D.C.) Universal Precautions for Bloodborne Pathogens, C.D.C./DHEC Guidelines for Tuberculosis Infection Control, and Occupational Safety and Health Administration (O.S.H.A.) Respiratory Protection Standards.
- 10. To wear a nametag that clearly identifies me as a student at all times while in the FACILITY, if required.
- 11. Not to present as an employee of the UNIVERSITY or the FACILITY unless explicitly authorized

I may revoke this authorization at any time by providing written notice to the above stated person(s)/entities, except to the extent of any action(s) that has already been taken.

\_\_\_\_\_ I also understand and agree that I shall not be deemed to be employed by or an agent or a servant of the UNIVERSITY or the FACILITY; that the UNIVERSITY and FACILITY assume no responsibilities for me as may be imposed upon an employer under any law, regulation or ordinance; and that I am not entitled to any benefits available to employees.

\_\_\_\_\_ I understand and agree that I may be immediately withdrawn from the FACILITY’s educational training program or dismissed, suspended or expelled based upon a perceived lack of competency on my part, my failure to comply with the rules and policies of the UNIVERSITY or FACILITY, if I pose a direct threat to the health or safety of others or, for any other reason the UNIVERSITY or the FACILITY reasonably believes that it is not in the best interest of the UNIVERSITY, the FACILITY or the FACILITY’ s patients or clients.

\_\_\_\_\_ I further understand that potential risks of the SAGE practicum experience could include, but are not limited to, exposure to infectious diseases, hazardous chemicals, personal injury, illness, and even death. I also understand it is my responsibility to become informed of agency policies and practices regarding the management of these issues in order to minimize the risks to me. I accept these risks.

\_\_\_\_\_ I further understand that all medical or healthcare (emergency or otherwise) that I receive at the FACILITY will be my sole responsibility and expense, unless I am eligible for Worker’s Compensation coverage.

\_\_\_\_\_ I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, and that I have freely and voluntarily signed this Agreement.

Print Name & Date:

Sign Name & Date: