

Please return application & resume to:

**National Association of Social Workers Missouri Chapter
P.O. Box 2043
Jefferson City, MO 65102-2043
1-573-635-6965
1-573-635-6728 (fax)
chapter@nasw-mo.org (email)**

Application Form

Please complete all of the following:

Name: _____

Address: _____

City/State/Zip: _____

Phone (work): _____ Phone (home): _____

Fax: _____ Email: _____

Area of Practice: _____

Student (area of practice entering): _____

Please List:

Degrees & Year Completed: _____

License (number and State) &/or Certification: _____

Please circle all that apply:

What area of social work do you hold experience in:

Children	Disabled	School
Adolescents	Family Private	Practice
Geriatric	Rural	Urban
Minority	Spiritual	Military
Community Organizing	Mentally Ill	Hospital
Administrative EAP	Crisis Intervention	LGBT

Please state your reasons for applying for the C.A.R.E. team: _____

Statement of Understanding:

I understand that my name will be included in a list of social workers that the Chapter may utilize as a resource in times of crisis within the State of Missouri.

I understand that as a member of the C.A.R.E. team I will be called upon to respond to crises when they arise within the State of Missouri.

I understand that as a member of the C.A.R.E. team that I am required to abide by the NASW-Code of Ethics.

Signed: _____ Date: _____