

DELTA STATE UNIVERSITY  
DELTA VOLUNTEERS – STUDENTS SERVING THE COMMUNITY

SWO 102  
Volunteering in the Community  
P. O. Box 3172  
Delta State University  
846-4407

**PLACEMENT CONFIRMATION FORM\***

STUDENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

SUPERVISOR OR COORDINATOR \_\_\_\_\_

IS THIS STUDENT WORKING AS A SERVICE-LEARNER VOLUNTEER IN YOUR ORGANIZATION? \_\_\_\_\_

DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DAYS AND HOURS TO WORK \_\_\_\_\_

DATE STUDENT WILL BEGIN \_\_\_\_\_ TERMINATION DATE \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_

Dear Supervisor:

Those of us at Delta State University would like to thank you for taking the time to complete this form. If you have any questions, or if we can assist you in any way, please feel free to call us.

Thank you,

Delta State University  
Social Work Faculty

DELTA STATE UNIVERSITY  
SWO 102 DELTA VOLUNTEER SERVICE APPLICATION  
(Please print)

NAME \_\_\_\_\_ DATE \_\_\_\_\_ Phone \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year in College \_\_\_\_\_

Academic Major \_\_\_\_\_ Academic Advisor \_\_\_\_\_

Education Background \_\_\_\_\_ Current Occupation \_\_\_\_\_

Hobbies, Interests, and Skills \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Are you volunteering to satisfy academic credit and/or course options? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

If yes, please indicate \_\_\_\_\_  
Course Title \_\_\_\_\_ Instructor's Name \_\_\_\_\_

During what time periods would you be available for a volunteer placement?

(Please indicate which days of the week and which hours of each day.)

Would you consider a placement outside your residence area? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have your own transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you learn about volunteering at Delta State University?

\_\_\_\_\_ Newspaper \_\_\_\_\_ Friend \_\_\_\_\_ Instructor \_\_\_\_\_ Staff \_\_\_\_\_ Professor  
\_\_\_\_\_ Volunteer \_\_\_\_\_ Employer \_\_\_\_\_ Poster/Flyer \_\_\_\_\_ TV/Radio \_\_\_\_\_ Orientation

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

References (if required)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Name Name  
Address Address  
City State Zip City State Zip

What organizations or programs would you prefer to work with?

\_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

DELTA STATE UNIVERSITY  
SWO 102 DELTA VOLUNTEERS  
Student Application & Agreement

Name \_\_\_\_\_ S.S. # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Agency Placement \_\_\_\_\_ Volunteer Position \_\_\_\_\_

Date of Application \_\_\_\_\_ Date of Placement \_\_\_\_\_

VOLUNTEER RIGHTS

- Be assigned a job that is worthwhile and challenging with freedom to use existing skills or develop new ones.
- Be trusted with confidential information that will help him/her carry out assignments.
- Be provided orientation, training, and supervision; know why he/she is being asked to do a particular job.
- Know whether his/her work is effective; be given appropriate recognition by staff.
- Expect valid recommendation from supervisors so he/she can move to another job.
- Ask for a new assignment when ready for reassignment.

VOLUNTEER RESPONSIBILITIES

- Fulfill his/her commitment or give notice early enough that a substitute can be found.
- Respect confidences of the organization and clients.
- Use time wisely and not interfere with performance of others.
- Provide suggestions and recommendations that might increase effectiveness of program.
- Follow guidelines established by organization, codes of dress, decorum, etc.
- Refuse gifts or tips from clients, except "thank you" gifts of nominal value.

\*\* I understand my rights and responsibilities as a volunteer.

\*\* I will ensure that the hours I serve are reported monthly.

\*\* If I become dissatisfied with my volunteer position, I will notify the Volunteer Coordinator and consult with my agency supervisor.

This is an agreement that I, the above student, will conscientiously carry out volunteer service as a member of the Delta Volunteers Volunteer Network and as a representative of Delta State University at the agency named above and will abide by the standards of the program.

NONDISCRIMINATION: Delta State University is committed to a policy of equal employment opportunity for all persons and to recruit, hire, promote, demote, transfer, and compensate persons in all positions and otherwise treat in all terms and conditions of employment without regard to race, age, religion, national origin, sex, handicap/disability or to veteran status as specified by applicable laws and regulations.

Delta Volunteers is committed to a policy of equal opportunity for all students who may seek to volunteer their services and to all beneficiaries of those services and to recruit, place, serve, evaluate, transfer, or terminate without regard to race, age, religion, national origin, sex, handicap/disability or to veteran status as specified by applicable laws and regulations.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

SWO 102 Volunteering in the Community  
Grade Contract

I. \_\_\_\_\_

contract for a(n) \_\_\_\_\_ for SWO 102 during the \_\_\_\_\_ semester.  
Grade

For this grade the following is required:

- \_\_\_\_\_ volunteer hours
- \_\_\_\_\_ class attendance and participation
- \_\_\_\_\_ written reflective questions
- \_\_\_\_\_ typed community analysis and volunteer plan
- \_\_\_\_\_ performance evaluation

I understand that these assignments must be turned in timely as outlined in the syllabus or 10 points will be deducted for each week assignments are late.

\_\_\_\_\_  
Student Instructor

\_\_\_\_\_  
Date Date

## MID SEMESTER EVALUATION OF STUDENT VOLUNTEER

Progress Report For: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Semester: \_\_\_\_\_ Course: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Please rate the student on each of the following variables by circling a number for each.

VARIABLES	EXCELLENT	VERY GOOD	AVERAGE	BELOW AVERAGE	POOR	CANNOT RATE
Total hours volunteered	1	2	3	4	5	N/A
Attendance	1	2	3	4	5	N/A
Cooperation	1	2	3	4	5	N/A
Acceptance of responsibility	1	2	3	4	5	N/A
Concern for the needs of the community and clients	1	2	3	4	5	N/A
Completion of assignments	1	2	3	4	5	N/A
Dependability	1	2	3	4	5	N/A
Resourcefulness, creativity	1	2	3	4	5	N/A
Communication skills, listening, speaking, writing	1	2	3	4	5	N/A
Time utilization	1	2	3	4	5	N/A
Eagerness to learn	1	2	3	4	5	N/A
Ability to set and meet objectives	1	2	3	4	5	N/A
Adaptability	1	2	3	4	5	N/A
Overall evaluation of performance	1	2	3	4	5	N/A

Other Comments:

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Thank you very much for your efforts. The student will go over this evaluation with the instructor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

## FINAL EVALUATION OF STUDENT VOLUNTEER

Progress Report For: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Semester: \_\_\_\_\_ Course: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Please rate the student on each of the following variables by circling a number for each.

VARIABLES	EXCELLENT	VERY GOOD	AVERAGE	BELOW AVERAGE	POOR	CANNOT RATE
Total hours volunteered	1	2	3	4	5	N/A
Attendance	1	2	3	4	5	N/A
Cooperation	1	2	3	4	5	N/A
Acceptance of responsibility	1	2	3	4	5	N/A
Concern for the needs of the community and clients	1	2	3	4	5	N/A
Completion of assignments	1	2	3	4	5	N/A
Dependability	1	2	3	4	5	N/A
Resourcefulness, creativity	1	2	3	4	5	N/A
Communication skills, listening, speaking, writing	1	2	3	4	5	N/A
Time utilization	1	2	3	4	5	N/A
Eagerness to learn	1	2	3	4	5	N/A
Ability to set and meet objectives	1	2	3	4	5	N/A
Adaptability	1	2	3	4	5	N/A
Overall evaluation of performance	1	2	3	4	5	N/A

Other Comments:

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Thank you very much for your efforts. The student will go over this evaluation with the instructor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

## STUDENT VOLUNTEER HOUR REPORT FORM

Student Volunteers: Please use this form to record the number of hours you volunteer each week. Have your volunteer station supervisor sign each week and turn in the completed form at mid-term and at the end of the semester to your SWO 102 instructor or to the Department of Social Work, Capps 306, Attn: Volunteer Coordinator. (Completed forms can also be mailed to Delta Volunteers, P. O. Box 3172, DSU, Cleveland, MS 38733.) Thank you for your efforts and involvement!

Volunteer Name \_\_\_\_\_

Volunteer Station \_\_\_\_\_

Volunteer Address \_\_\_\_\_  
 \_\_\_\_\_

Supervisor \_\_\_\_\_

<u>Date</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>R</u>	<u>F</u>	<u>Sat</u>	<u>Sun</u>	Total Hrs Per Week	Services Provided	Supervisor's Approval

Ending Date \_\_\_\_\_

Total Hours Completed \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_