AGENCY VOLUNTEER WORK AGREEMENT

To be filled out for students enrolled in SWO 201 Introduction to the Profession of Social Work before the student begins the actual volunteer hours. To assure that the placement agency will offer appropriate opportunities for the student to complete the assignment, the course instructor must approve the placement agency and the supervisor before the student begins accumulating volunteer hours.
Delta State University
Department Of Social Work
SWO 201 Introduction to Social Work
Agency Volunteer Work Agreement

Name of Student ______________________________

I agree to supervise the above named student for 10 hours of social service volunteer work or observation in the agency or organization where I work, as partial fulfillment of the requirements for the Delta State University course SWO 201, Introduction to Social Work. I understand that the primary purpose of this volunteer assignment is for the student to observe persons in need of social services, focusing on concepts taught in the Introduction to Social Work class. Simple tasks may be assigned for the student to do, or the student may simply observe activities. I will complete an evaluation form at the end of the student’s volunteer work. The assigned work is to be done between ______________________ and ______________________

(Date)  (Date)

_______________________________________________________
(Printed or typed name and title of Student’s Supervisor)

________________________________________________________
(Signature of Student’s Supervisor)  (Date)

________________________________________________________
(Agency Name)

________________________________________________________
(Street or Post Office Address)

________________________________________________________
(Town, State, and Zip)

________________________________________________________
(Telephone and E-mail)

Student’s Agreement

I have been taught by the faculty of Delta State University Department of Social Work about the National Association of Social Workers Code of Ethics and I agree to follow that code, as well as any other rules of confidentiality required by the agency where I am volunteering.

________________________________________________________
(Signature of Student)  (Date)

________________________________________________________
(Signature of Course Instructor)  (Date)
AGENCY VOLUNTEER WORK COMPLETION REPORT  
(SWO 201, SWO 303, SWO 309)

This form must be filled out and signed by the person designated as ‘supervisor’ in the Agency for the student to receive credit for volunteer work. The course instructor reserves the right to contact the supervisor to confirm actual completion of the specified number of hours.
DELTA STATE UNIVERSITY
DEPARTMENT OF SOCIAL WORK
AGENCY VOLUNTEER WORK COMPLETION REPORT

SWO 201____ SWO 303____ SWO 309____

_______________________________________________ has volunteered his/her services with

Student’s Name

______________________________________________________

Agency Name

______________________________________________________

Agency Address

as partial fulfillment of the course

_____ SWO 201 Introduction to Field of Social Work
_____ SWO 303 Children at Risk
_____ SWO 309 Aging and the Community

The student began volunteer service on ___________________________ and completed service on ______________________, serving a total of __________ hours

Please comment briefly on the student’s experience and quality of work done (Use an additional sheet of paper, if necessary.)

Level of Involvement: Overall, the student’s performance was:

______Appropriate  _______ Inappropriate

____________________________________

Supervisor’s Signature          Date

____________________________________

Student’s Signature           Date
SOCIAL WORK MINORS FORM
To be completed by all students enrolled in SWO 201, Introduction to Social Work who are not social work majors. The completed form will be turned in to the class instructor or to the Social Work Department’s secretary.
SOCIAL WORK MINORS

Name:__________________________________

Student Id:_____________________________

Major:_________________________________

Advisor:_______________________________