

## **AGENCY VOLUNTEER WORK AGREEMENT**

To be filled out for students enrolled in **SWO 309 Aging and the Community** 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 309 Aging and the Community**  
**Agency Volunteer Work Agreement**

Name of Student \_\_\_\_\_

I agree to supervise the above named student for 12 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 309, Aging and the Community. I understand that the primary purpose of this volunteer assignment is for observation of aging people, focusing on concepts taught in the Aging and the Community 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 Child and the Community

\_\_\_\_\_ 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