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.

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>EXCELLENT</th>
<th>VERY GOOD</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
<th>POOR</th>
<th>CANNOT RATE</th>
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<tbody>
<tr>
<td>Total hours volunteered</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>Cooperation</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Acceptance of responsibility</td>
<td>1</td>
<td>2</td>
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<tr>
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<td>2</td>
<td>3</td>
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<tr>
<td>Completion of assignments</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>2</td>
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<tr>
<td>Resourcefulness, creativity</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Communication skills, listening, speaking, writing</td>
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<td>2</td>
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<tr>
<td>Time utilization</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Eagerness to learn</td>
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<td>4</td>
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<td>Ability to set and meet objectives</td>
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<td>Overall evaluation of performance</td>
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<td>2</td>
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<td>N/A</td>
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Other Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________

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: ________________________________________________

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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 ___________________________________________________

<table>
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<tr>
<th>Date</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>R</th>
<th>F</th>
<th>Sat</th>
<th>Sun</th>
<th>Total Hrs Per Week</th>
<th>Services Provided</th>
<th>Supervisor’s Approval</th>
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Ending Date ___________________  Total Hours Completed ____________

Supervisor’s Signature _________________________________