

DELTA STATE UNIVERSITY
DELTA VOLUNTEERS – STUDENTS SERVING THE COMMUNITY

SWO 101
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 101 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 101 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 101 Volunteering in the Community
Grade Contract

I. _____

contract for a(n) _____ for SWO 101 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
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Date	Date
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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:

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:

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 101 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 _____