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

_____________________________________  ____________________
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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<tr>
<td>Cooperation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Acceptance of responsibility</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
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<td>2</td>
<td>3</td>
<td>4</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>
<td>3</td>
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<td>N/A</td>
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<tr>
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<td>1</td>
<td>2</td>
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<tr>
<td>Time utilization</td>
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<td>2</td>
<td>3</td>
<td>4</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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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 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 ________________________________________________

<table>
<thead>
<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 ________________________________