

AGENCY VOLUNTEER WORK AGREEMENT

To be filled out for students enrolled in **SWO 303 Children at Risk** 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 303 Children at Risk
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 303, Children at Risk. I understand that the primary purpose of this volunteer assignment is for observation of children, focusing on concepts taught in the Children at Risk 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