

Please contact the SU BSW Program Director at 477-1717 if you have any questions.

**Shippensburg University BSW Program Volunteer Service Form**

**For the BSW Student:** Review & sign the student portion of this form and then respectfully request that the program contact person sign it once you have finished your volunteer hours. The contact person may want to keep a copy and you should turn the other copy in to the department office within 30 days of completing the volunteer hours or within 30 days of the beginning of the semester if completed over winter or summer break. You should follow their volunteer policies (for example, call if you are unable to volunteer at a scheduled time) and ask for instructions if you are unclear about how to do something.

Printed name of student \_\_\_\_\_ Email Address \_\_\_\_\_

Name of agency/program you volunteered with \_\_\_\_\_

Address \_\_\_\_\_

Date(s) of Volunteer Service \_\_\_\_\_

Types of volunteer activities that you did: \_\_\_\_\_

How many hours did you complete? \_\_\_\_\_

Sign below to indicate that the information on this form is truthful and accurate.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

**For the program contact person:** Thank you for providing volunteer hours for the Bachelor of Social Work (BSW) student named above. We hope that your program benefits from their service. BSW students are required to complete 40 hours of volunteer service during the beginning of their social work education. At this point, we do not expect that students are practicing social work. The goal of the volunteer experience is to interact with participants and staff of human service agencies and/or related programs.

Printed name of program contact person \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

By signing below, you are indicating that the student named above completed the hours listed above with your program. The BSW Program may contact you to confirm volunteer hours so you may want to keep a copy of this form for your own records.

Signature of program contact person \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for supporting SU social work students!**

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**For Office Use Only:**

Date Received \_\_\_\_\_ Date Confirmed \_\_\_\_\_ Method: Email Phone

Name \_\_\_\_\_ Notes: