

*Albany State University  
College of Professional Studies  
Department of Social Work  
504 College Drive  
Albany, GA 31705*

**SOCIAL SERVICE VOLUNTEER PRACTICUM AGREEMENT**

**Date Due:** \_\_\_\_\_

<b>AGENCY</b>	
<b>ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	

*I, the undersigned, as a representative of:*

\_\_\_\_\_  
*[AGENCY]*

*in my capacity as a Volunteer Practicum Supervisor, agree to provide the following:*

1. *A meaningful and enriching SIXTY (60) hours of experience for*  
\_\_\_\_\_ *through the establishment of the following assignments.*  
*[VOLUNTEER]*

*[Please check below all that applies]:*

- ☐ *Opportunities for interactions with staff.*
  - ☐ *Opportunities for interaction with consumers/observe court hearing(s).*
  - ☐ *Opportunity to observe the interviewing of a client/witness.*
  - ☐ *Opportunity to observe the preparation of a client/staff for court.*
  - ☐ *Knowledge of agency structure.*
  - ☐ *Knowledge and provision of services offered by agency.*
2. *Ongoing supervision through individual or group conferences, workshops and seminars.*

\_\_\_\_\_  
*[Volunteer Supervisor Signature]*

\_\_\_\_\_  
*[Date]*

\_\_\_\_\_  
*[Student Volunteer Signature]*

\_\_\_\_\_  
*[Date]*