

**VUU DEPARTMENT OF SOCIAL WORK COMMUNITY SERVICE EXPERIENCE
SITE APPROVAL FORM**

Student's Name: _____ Date: _____

Student's Phone Number: _____ E-mail: _____

Student's Classification: Circle One - Freshmen Sophomore Junior Senior

Student's Major: _____ Minor: _____

Agency Name: _____

Agency Address: _____

Agency Phone Number: _____

Agency Contact Person / Supervisor: _____

Title: _____

Agency type (public welfare, private, residential, etc.): _____

Student's schedule (start date): _____

(Days / Times): _____

Type of experience expected (duties, activities, etc.):

Signature of Student

Date

Signature of Agency Supervisor

Date

Signature of Director of Field Instruction

Date