

Student Volunteer Name: _____ ID#: _____

Instructor: _____ Class _____

Student Address: _____ Phone: _____

Agency Name: _____ Contact Person: _____ Phone: _____

Did you accept this assignment? _____ Yes _____ No If yes, fill out Placement section below.

If no, explain why? _____

PLACEMENT CONFIRMATION SECTION

Agency Name: _____ Agency Supervisors Name: _____ Interview Date: _____

Date assignment will begin: _____ End: _____ Days/Hours of Service: _____

Duties: _____

(Agency Supervisor Signature)

I agree to accept the student named above and provide adequate supervision at this service teaming site.

(Student Volunteer Signature)

I agree to the terms of the agreement set forth above and to perform my duties to the best of my ability.