

Volunteer Statement

SW 470/SW471 Practicum I and II Kent School of Social Work – University of Louisville

I, _____, have successfully completed all requirements for
Printed name of student

my practicum at _____ in _____
Name of Agency City and State

effective _____.

I wish to continue working with the agency and/or clients as a volunteer and acknowledge that in so doing I am no longer acting under the auspices of the Kent School of Social Work, University of Louisville. Also, no Kent School faculty member or staff will assume any responsibility for my activities as a volunteer.

Student Signature

Date

Practicum Supervisor Signature

Date

Assistant Director of Field Education

Date

Submit this Statement to: Lynetta Weathers Mathis
Assistant Director of Field Education
Kent School of Social Work
University of Louisville
Louisville KY 40292

FAX: 502-852-0422