



## SOCIAL SERVICE EXPERIENCE

### FIELD WORK EXPERIENCES WITH ACADEMIC CREDIT

AGENCY NAME	SUPERVISOR	DATES OF SERVICE	CREDIT HOURS	WEEKLY HOURS
_____	_____	MO YR to MO YR	_____	_____
_____	_____	MO YR to MO YR	_____	_____
_____	_____	MO YR to MO YR	_____	_____
_____	_____	MO YR to MO YR	_____	_____

### VOLUNTEER ACTIVITY

ORGANIZATION NAME	TYPE OF SERVICE	DATES OF SERVICE	SUPERVISOR	PHONE
_____	_____	MO YR to MO YR	_____	_____
_____	_____	MO YR to MO YR	_____	_____
_____	_____	MO YR to MO YR	_____	_____
_____	_____	MO YR to MO YR	_____	_____

## PROFESSIONAL/ACADEMIC REFERENCES

PLEASE LIST THE NAMES OF THOSE WHOM YOU HAVE ASKED TO FILL OUT THE ENCLOSED RECOMMENDATION FORMS:

- 1) Name & Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Organization Name \_\_\_\_\_ Address \_\_\_\_\_
- 2) Name & Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Organization Name \_\_\_\_\_ Address \_\_\_\_\_
- 3) Name & Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Organization Name \_\_\_\_\_ Address \_\_\_\_\_
- 4) Name & Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Organization Name \_\_\_\_\_ Address \_\_\_\_\_

## ADDITIONAL INFORMATION

PLEASE USE THIS SPACE TO PROVIDE ADDITIONAL INFORMATION YOU WOULD LIKE TO BE CONSIDERED WHEN REVIEWING YOUR APPLICATION:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## CERTIFICATION OF INFORMATION

My signature below indicates my guarantee that all statements made and documents provided by me in this application are true, complete, and correct to the best of my knowledge and belief at the time of submission to Salisbury University. I further understand that any false statements or omissions may be grounds for rejection of my application or dismissal from Salisbury University's Master of Social Work Program.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_