Student Social Work Association

Application for Membership

**What is SSWA?**

SSWA is a student run organization for Social Work majors and minors. SSWA focuses on several events throughout the year in our community and on campus. Some of these events include:

Serving food at local shelters

Organizing or participating in food drives

Organizing Angel tree gifts for local nursing homes

Fundraising events

Social Work Day on the Hill

Graduating BSW Pinning Ceremony

Other small projects

**Expectations of Members**

Members will be expected to attend at least **one meeting** per semester (in person or via webex). Members should participate in at least **one fundraising activity** per year. Members will be expected to participate in at least **one event** per semester.

Membership fees are due at the beginning of every semester.

Fees for one semester are $5 or $10 for the school year.

Please fill out and return to Lyle House or email to Colleen Cummings (SSWA advisor) at cummingsc@etsu.edu

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on our D2L page? \_\_\_\_\_\_\_\_\_\_\_\_\_

Circle one: Freshman Sophomore Junior Senior

Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

What days and times are you available to attend meetings and events?

Monday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuesday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wednesday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Thursday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Friday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After filling out this application you will be added to SSWA’s D2L page and Group Me messenger app to keep up with meetings, events, etc.

By signing below, you agree to uphold the expectations and responsibilities associated with being a member of Student Social Work Association.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_