RU RADFORD UNIVERSITY School of Social Work

Task Supervisor's Information Sheet

Date: _____

Name & Title: _____

Email: _____

Agency: _____

Mailing Address: _____

_____

Physical Address: _____

Telephone: _____ Fax: _____

☐ I am currently a task supervisor with Radford University.

☐ I am interested in becoming a task supervisor with Radford University.

Academic degrees completed:

School: _____ Degree Conferred: _____

Date: _____ Accredited: Yes ☐ No ☐

School: _____ Degree Conferred: _____

Date: _____ Accredited: Yes ☐ No ☐

School: _____ Degree Conferred: _____

Date: _____ Accredited: Yes ☐ No ☐

Number of years of professional employment post degree: _____

Number of years at agency: _____

Areas of Specialty: _____

The Radford University School of Social Work will approve all field agency sites and instructors/supervisors. By printing your full name below, you agree to adhere to the procedures set out by the Radford University School of Social Work.

Printed Full Name _____

You agree to adhere to the procedures set out by the Radford University School of Social Work.

Please ***attach resume*** & return to:
Radford University
School of Social Work, PO Box 6958
Radford VA 24142