Associate Clinical Social Worker

Sample Verification of Employment as a Volunteer
Required when the ASW is a volunteer employee

Date:

ASW name:

Employer name:

This letter serves as verification that associate clinical social worker, (ASW’s name) was employed by (Employer’s name) as a volunteer from (Start date) to (End date).

__________________________
Employer’s Authorized Representative Name

__________________________   __________
Employer’s Authorized Representative Signature           Date

NOTE:
This is a SAMPLE letter. The actual letter must be written on the employer’s letterhead. The ASW is required to submit this letter with the application for examination eligibility. See Business and Professions Code section 4996.23(i).

New 04/2015