



Student Social Work Organization (SSWO)
Membership Registration

Date: _____

Name: _____

E-mail best reached at: _____

Please check one: _____ Undergraduate _____ Graduate _____ Faculty

How can SSWO help you to provide rewarding experiences for you at UNO? _____

In what areas of social work are you interested? _____

What are some things you would like to do with SSWO? _____

What is your general availability? (i.e. none/mornings/afternoon/evenings)

Mondays _____ Tuesdays _____ Wednesdays _____

Thursdays _____ Fridays _____ Weekends _____

Please return this application and the membership fee to:

Grace Abbott School of Social Work-SSWO

University of Nebraska-Omaha

6001 Dodge Street CPACS 206

Omaha, NE 68182

More information can be found of MavSync

To be completed by SSWO Admin:

Date application received: _____

Collecting SSWO admin: _____

