

# DOUGLAS COLLEGE

## Early Childhood Education Program

### VOLUNTEER OR PAID WORK HOURS VERIFICATION FORM FOR PROGRAM ENTRY

**How to submit:** Applicants please submit this form at the selections event. Applicants will be invited to attend selections by the Admissions Officer after they have met Douglas College admissions requirements. Should the applicant or supervisor have questions, please contact the Program Advisor at [ece@douglascollege.ca](mailto:ece@douglascollege.ca)

**Instructions:** To be completed and authorized by the supervisor. Applicants should complete the first page and sign the last page. The person who completes this form should not complete the character reference form for this applicant

#### **Section 1 – To be completed by the APPLICANT**

APPLICANT DOUGLAS COLLEGE STUDENT ID: \_\_\_\_\_

NAME OF APPLICANT: (Printed) \_\_\_\_\_

APPLICANT CONTACT DETAILS: PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF VOLUNTEER/WORK SITE: (Printed): \_\_\_\_\_

CENTRE SUPERVISOR NAME: \_\_\_\_\_

CENTRE SUPERVISOR POSITION: \_\_\_\_\_

CENTRE WORK SITE: EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

VOLUNTEER/WORK SITE NAME AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_

#### **Section 2 – To be completed by the SUPERVISOR AT THE VOLUNTEER/WORK SITE**

##### VOLUNTEER EXPERIENCE/EMPLOYMENT DETAILS

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

HOURS/WEEKS: \_\_\_\_\_

TOTAL NUMBER OF HOURS: \_\_\_\_\_

CHILDREN AGED: \_\_\_\_\_ 0-6 YEARS \_\_\_\_\_ 2-6 YEARS \_\_\_\_\_ 3-5 YEARS \_\_\_\_\_ 5-7 YEARS

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_

\*\*\*this document cannot be shared outside the Douglas College ECE program without written permission of the referee for the applicant.

WORK HABITS	Poor		Good		Excellent
Attendance	1	2	3	4	5
Punctuality	1	2	3	4	5
Shows initiative	1	2	3	4	5
Works independently	1	2	3	4	5
Works in a team	1	2	3	4	5
Seeks/accepts feedback	1	2	3	4	5
Works with program mandate	1	2	3	4	5

Describe the applicant's ability to work with others in a supporting or helping relationship.

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Describe the applicant's ability to work as a member of a team.

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What would you identify as the applicant's particular strengths?

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Did you perceive any particular areas of difficulty? (Please specify.)

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\_\_\_\_\_  
Supervisor's Name (**PRINTED**)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Applicant's signature (**PRINTED**)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

The ECE department reserves the right to contact referees.