



DOUGLAS COLLEGE

Early Childhood Education Volunteer or Paid Work Form

How to submit: email to 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. Keep a copy of this form once completed for yourself, as you will need it when accepted into the program.

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.

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

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

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

Supervisor's Name (**PRINTED**)

Signature

Date

Applicant's signature (**PRINTED**)

Signature

Date

The ECE department reserves the right to contact referees.