

# DOUGLAS COLLEGE

## WORK/VOLUNTEER HOURS FOR CHILD, FAMILY AND COMMUNITY STUDIES ABORIGINAL STREAM

The Aboriginal Stream prepares and supports students to deliver culturally relevant services to Aboriginal children, youth, families and communities.

One entry requirement of the Child, Family and Community Studies Aboriginal Stream is that applicants complete volunteer or work experience ***in an applicable field***, prior to entry into the program.

Child and Youth Care Program: 75 hours

Classroom and Community Support Program: 60 hours

Early Childhood Education Program: 50 hours

### Applicants should complete the following questions:

Name of Applicant \_\_\_\_\_

Applicant Phone Number \_\_\_\_\_

Applicant E-mail \_\_\_\_\_

Applicant Student Number \_\_\_\_\_

Agency at which you completed your volunteer or work experience  
\_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Phone/Email \_\_\_\_\_

Supervisor \_\_\_\_\_

Position \_\_\_\_\_

**Supervisor should complete the following:**

Duration of Volunteer Experience / Employment by Applicant

Start Date \_\_\_\_\_

Hours / Weeks \_\_\_\_\_

End Date \_\_\_\_\_

Total Number of hours \_\_\_\_\_

The applicant's experience is applicable to:

Child & Youth Care	Classroom & Community Support	Early Childhood Education
<input type="checkbox"/> Children aged 5-12 <input type="checkbox"/> Youth aged 12-18	<input type="checkbox"/> Children / Adults with developmental disabilities	Children: <input type="checkbox"/> 0-6 years <input type="checkbox"/> 2-6 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-7 years

Brief Description of Duties:

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Please rate the applicant on the following:

<b>Skills/Abilities</b>	<b>Needs Improvement</b>		<b>Good</b>		<b>Above average</b>
Shows responsibility	1	2	3	4	5
Attendance	1	2	3	4	5
Self-awareness	1	2	3	4	5
Shows empathy	1	2	3	4	5
Works in a team	1	2	3	4	5
Seeks/accepts feedback	1	2	3	4	5
Works within program mandate	1	2	3	4	5

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

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Describe the applicant's ability to work as a member of a team. What would you identify as the applicant's particular strengths?

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Did you perceive any areas of concern or areas for growth? (Please specify.)

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In your professional opinion, is this applicant ready to enter the Child, Family and Community Studies Aboriginal Stream? Please state the reasons for your opinion.

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\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PLEASE RETURN TO:**  
Aboriginal Stream Program Advisor  
DOUGLAS COLLEGE  
Faculty of Child, Family and Community Studies  
P.O. BOX 2503  
NEW WESTMINSTER, BC  
V3L 5B2

**Or Fax to:**  
Aboriginal Stream Program Advisor  
604-777-6100

**For College use only (please do not complete)**

Applicant for            CCSD    CYCC    ECED

Date Received \_\_\_\_\_

Does applicant meet eligibility criteria for the Aboriginal Stream?

Yes                      No

Does applicant meet eligibility criteria for their specified Program?

Yes                      No

Applicant has been:

Phoned            Written            Interviewed

Comments

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_