

# DOUGLAS COLLEGE

## EARLY CHILDHOOD EDUCATION PROGRAM

VOLUNTEER OR PAID WORK HOURS VERIFICATION FORM FOR PROGRAM ENTRY

**SUPERVISOR, PLEASE RETURN TO:**

**ECE INSTRUCTIONAL FACILITATOR**

**Faculty of Child, Family and Community Studies, DOUGLAS COLLEGE, David Lam Campus  
Room 1050-1250 Pinetree Way, COQUITLAM, BC, V3B 7X3 [ece@douglascollege.ca](mailto:ece@douglascollege.ca)**

(Selection interviews cannot be arranged or conducted without prior submission of this form)

**Please attach resume to this form**

**(TO BE COMPLETED AND AUTHORIZED BY 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: \_\_\_\_\_

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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**

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