



DOUGLAS COLLEGE

BACHELOR OF ARTS IN CHILD AND YOUTH CARE

Degree Application Package

(1st and 2nd year applicants)

Name: _____ Student Number : _____

Phone Number: _____ Email: _____



Faculty of Applied Community Studies

Bachelor of Arts in Child and Youth Care Resume Form

EDUCATION

Secondary School: (name) _____ completed ☐ in progress ☐ not applicable ☐

Completed some post-secondary: yes ☐ no ☐ if yes, please indicate number of credits: _____

Institution(s): _____

Completed Certificate of Academic Foundations in CYC: yes ☐ no ☐ in progress ☐

Completed Diploma or Degree in related field: yes ☐ no ☐ if yes, please indicate credential awarded and Institution(s): _____

I have submitted official transcripts (if applicable): yes ☐ no ☐ *Note: credits earned at Douglas College do not require submission of transcript*

WORK EXPERIENCE

Work experience related to CYC		
Position/role + Agency and Program name:		
From (date):	To (date):	Approximate hours worked:
Supervisor name and contact information:		
Key responsibilities:		

Position/role + Agency and Program name:		
From (date):	To (date):	Approximate hours worked:
Supervisor name and contact information:		
Key responsibilities:		

Position/role + Agency and Program name:
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From (date):	To (date):	Approximate hours worked:
Supervisor name and contact information:		
Key responsibilities:		

Work experience not related to CYC		
Position/role + Agency and Program name:		
From (date):	To (date):	Approximate hours worked:
Supervisor name and contact information:		
Key responsibilities:		

Position/role + Agency and Program name:		
From (date):	To (date):	Approximate hours worked:
Supervisor name and contact information:		
Key responsibilities:		

VOLUNTEER EXPERIENCE

Volunteer experience related to CYC		
Position/role + Agency and Program name:		
From (date):	To (date):	Approximate hours worked:
Supervisor name and contact information:		
Key responsibilities:		

Position/role + Agency and Program name:		
From (date):	To (date):	Approximate hours worked:
Supervisor name and contact information:		
Key responsibilities:		

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Position/role + Agency and Program name:
From (date): _____ To (date): _____ Approximate hours worked: _____
Supervisor name and contact information:
Key responsibilities:

Volunteer experience not related to CYC
Position/role + Agency and Program name:
From (date): _____ To (date): _____ Approximate hours worked: _____
Supervisor name and contact information:
Key responsibilities:

Position/role + Agency and Program name:
From (date): _____ To (date): _____ Approximate hours worked: _____
Supervisor name and contact information:
Key responsibilities:

Note: If you have further work experience or volunteer experience that you would like to include, please indicate by checking YES ☐, then please attach an additional resume form to your submission.

REFERENCES

Please indicate your references (reference forms to follow)	FOR OFFICE USE ONLY
Name of reference one:	Date received:
Name of reference two:	Date received:



Faculty of Applied Community Studies

Bachelor of Arts in Child and Youth Care Structured Essay Form

Question 1: How do you envision a CYC degree helping you achieve your professional goals?

Question 2: Describe an experience from your childhood or youth that you think has the potential to impact the way in which you regard vulnerable children and youth as a child and youth care practitioner today?

Question 3: What qualities do you think are important for a Child and Youth Care practitioner to possess in order to support vulnerable children and youth adequately? Do you think you have some of these qualities? If so, which qualities and please give examples of how you demonstrate these qualities in your daily life.

Question 4: Identify three strengths that you possess that will enhance your work and the child youth care field. Please provide an example for each strength listed.

Question 5: Think back on the influences you have had in your life from your family and community. Describe how these influences have shaped your values toward professional helping.



Save the completed PDF document as your "FirstName LastName CYC Application Package" and send to: cyc@douglascollege.ca

Please note: Applicants must [APPLY](#) online to Douglas College and pay the application fee prior to submitting any supporting documents.

FOR OFFICE USE ONLY

☐ General College Admission requirements ☐ English Language Proficiency ☐ Transcript

☐ Reference one ☐ Reference two ☐ Application Package Date received: _____

Notes: _____

Signature: _____ Date: _____