



Faculty of Applied Community Studies

Bachelor of Arts in Child and Youth Care

RESUME FORM

Name: _____ Student Number : _____
 Address: _____
 Phone Number: _____ Email: _____

EDUCATION

Secondary: completed not applicable in progress anticipated completion date: _____
 School Name: _____

Certificate: completed yes no in progress anticipated completion date: _____
 Program name: _____ Institution: _____

Certificate of Academic Foundations in CYC at Douglas College: Completed yes no
 in progress anticipated completion date: _____

Diploma: Completed yes no in progress anticipated completion date: _____
 Program name: _____ Institution: _____

Degree: Completed yes no in progress anticipated completion date: _____
 Program name: _____ Institution: _____

Completed some post-secondary: yes no courses in progress
 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: RELATED TO CYC *List work experience in the last 10 years only*

Employer:	Position:
*Start date:	*End date:
Full time (30 - 40 hours a week) <input type="checkbox"/>	
Part time (less than 30 hours a week) <input type="checkbox"/> approximate hours per month _____	
Casual <input type="checkbox"/> approximate hours per month _____	

Provide a brief description of your work activities:	
Key responsibilities:	
Supervisor name:	Contact (email or phone):

Employer:	Position:
*Start date:	*End date:
Full time (30 - 40 hours a week) <input type="checkbox"/>	
Part time (less than 30 hours a week) <input type="checkbox"/> approximate hours per month _____	
Casual <input type="checkbox"/> approximate hours per month _____	
Provide a brief description of your work activities:	
Key responsibilities:	
Supervisor name:	Contact (email or phone):

Employer:	Position:
Start date:	End date:
Full time (30 - 40 hours a week) <input type="checkbox"/>	
Part time (less than 30 hours a week) <input type="checkbox"/> approximate hours per month _____	
Casual <input type="checkbox"/> approximate hours per month _____	
Provide a brief description of your work activities:	
Key responsibilities:	
Supervisor name:	Contact (email or phone):

WORK EXPERIENCE: NON CYC RELATED *List work experience in the last 10 years only*

Employer:	Position:
Start date:	End date:
Full time (30 - 40 hours a week) <input type="checkbox"/>	
Part time (less than 30 hours a week) <input type="checkbox"/> approximate hours per month _____	
Casual <input type="checkbox"/> approximate hours per month _____	
Provide a brief description of your work activities:	
Key responsibilities:	
Supervisor name:	Contact (email or phone):

Employer:	Position:
Start date:	End date:
Full time (30 - 40 hours a week) <input type="checkbox"/>	
Part time (less than 30 hours a week) <input type="checkbox"/> approximate hours per month _____	
Casual <input type="checkbox"/> approximate hours per month _____	
Provide a brief description of your work activities:	
Key responsibilities:	
Supervisor name:	Contact (email or phone):

VOLUNTEER EXPERIENCE: RELATED TO CYC *List volunteer experience in the last 5 years only*

Employer/Agency:	Position:
Start date:	End date:
Full time (30 - 40 hours a week) <input type="checkbox"/>	
Part time (less than 30 hours a week) <input type="checkbox"/> approximate hours per month _____	
Casual <input type="checkbox"/> approximate hours per month _____	
Brief description of your volunteer activities:	
Supervisor name:	Contact (email or phone):

Employer/Agency:	Position:
Start date:	End date:
Full time (30 - 40 hours a week) <input type="checkbox"/>	
Part time (less than 30 hours a week) <input type="checkbox"/> approximate hours per month _____	
Casual <input type="checkbox"/> approximate hours per month _____	
Brief description of your volunteer activities:	
Supervisor name:	Contact (email or phone):

Employer/Agency:	Position:
Start date:	End date:
Full time (30 - 40 hours a week) <input type="checkbox"/>	
Part time (less than 30 hours a week) <input type="checkbox"/> approximate hours per month _____	
Casual <input type="checkbox"/> approximate hours per month _____	
Brief description of your volunteer activities:	

Supervisor name:	Contact (email or phone):
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VOLUNTEER EXPERIENCE: NON CYC RELATED

List volunteer experience in the last 5 years only

Employer/Agency:	Position:
Start date:	End date:
Full time (30 - 40 hours a week) <input type="checkbox"/>	
Part time (less than 30 hours a week) <input type="checkbox"/> approximate hours per month _____	
Casual <input type="checkbox"/> approximate hours per month _____	
Brief description of your volunteer activities:	
Supervisor name:	Contact (email or phone):

Employer/Agency:	Position:
Start date:	End date:
Full time (30 - 40 hours a week) <input type="checkbox"/>	
Part time (less than 30 hours a week) <input type="checkbox"/> approximate hours per month _____	
Casual <input type="checkbox"/> approximate hours per month _____	
*Brief description of your volunteer activities:	
Supervisor name:	Contact (email or phone):

List other relevant extra curricular activities that you would like us to know about (peer tutoring, mentoring, social justice activism, environmental advocacy):

Douglas College Child and Youth Care selection committee reserves the right to request additional information if deemed necessary.