



DOUGLAS COLLEGE

Early Childhood Education Volunteer or Paid Work Form

How to submit: email to ece@douglascollege.ca

Instructions: The applicant completes section 1 and signs the last page. The supervisor completes section 2 and signs the last page. The supervisor who completes this form cannot complete an ECE Reference Form for this applicant. The applicant should keep a copy of this form once completed.

Section 1 – To be completed by the APPLICANT

APPLICANT DOUGLAS COLLEGE STUDENT ID:

NAME OF APPLICANT:

APPLICANT CONTACT DETAILS: PHONE:

EMAIL:

NAME OF VOLUNTEER/WORK SITE:

CENTRE SUPERVISOR NAME:

CENTRE SUPERVISOR POSITION:

CENTRE WORK SITE: PHONE:

EMAIL:

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:

WORK HABITS: on a scale of 1 to 5, 1 being poor and 5 being excellent, how would you rate the following:

Attendance

Punctuality

Shows initiative

Works Independently

Works in a team

seeks/ accepts feedback

Works with program mandate

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

Signature

Date

Applicants's Name

Signature

Date

The ECE department reserves the right to contact referees.

This document cannot be shared outside the Douglas College ECE program without written permission of the referee for the applicant.