## 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

(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:		
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

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

WORK HABITS

Poor

Good

Excellent

Attendance

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