



### Student Practicum Application

This application applies for those students currently enrolled in High School, College, or University that are required to be volunteering in their related field as part of the school or college credentials.

#### Personal Information:

Title:  Ms.  Miss  Mrs.  Mr.

Name \_\_\_\_\_  
First Middle Last

Full Address \_\_\_\_\_  
Street & Number City/Town Postal Code

Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Educational Institution & Experience: *(Complete one of the following options)*

College/University Program: \_\_\_\_\_

High School Cooperative Education Program: \_\_\_\_\_

Other: \_\_\_\_\_

Grade, Degree or Studies: \_\_\_\_\_

How many hours required: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

#### Experience:

What do you hope to gain by participating in the YMCA Student Practicum Program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous volunteer or related field experience:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Educator or College Recommendation:

We require signatures and contact information from **three** recommending educators/professors.

PLEASE PRINT CLEARLY

Name of Educator or Professor:	Relationship to student:	<b>Child Protection:</b>  <b>The YMCA is fully committed to safeguarding the welfare of all children and young people in its care. It recognizes its responsibility to promote safe practices and to protect children and young people/vulnerable adults from harm, abuse and exploitation.</b>  This position will be working with, or have regular contact with, children, young people and vulnerable adults. In your opinion, is there any reason that  _____ Student name  should <b>not</b> be working with or around children, young people or vulnerable adults?	<b>Recommendation:</b>  My signature in the box below indicates I am authorizing that  _____ Student name  would be a suitable candidate for your program.
1.		<input type="checkbox"/> No <input type="checkbox"/> Yes  If Yes, please explain:	_____ Signature  Tel.: _____  E-mail: _____
2.		<input type="checkbox"/> No <input type="checkbox"/> Yes  If Yes, please explain:	_____ Signature  Tel.: _____  E-mail: _____
3.		<input type="checkbox"/> No <input type="checkbox"/> Yes  If Yes, please explain:	_____ Signature  Tel.: _____  E-mail: _____

I, \_\_\_\_\_ understand the YMCA will be collecting, using and disclosing my personal information for the purpose of establishing and managing a volunteer relationship. I consent to the YMCA doing so and I also consent to the collection and use of my personal information in order to ensure the safety of YMCA participants, for statistical purposes, to inform me about YMCA programs, services and philanthropic activities. I understand that prior to commencing and during any volunteer work within the YMCA of Greater Moncton:

- The YMCA may contact the above listed references provided in this application form.
- I am required to provide the YMCA with a Vulnerable Sector Check & Criminal Record Check (18yrs and older) and or any required certifications for the role.
- I will receive a detailed Letter of Offer and Position Description.
- I am required to participate in Orientation and Training requirements specific to my placement.

**Student Agreement (18 years or older):**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Consent:**

The YMCA recognizes the value of students performing volunteer work in our community. It is the policy of the YMCA that students under the age of 18 has signed consent by a parent or guardian prior to beginning their placement.

I, the undersigned, give parental or guardianship consent to the above named student to provide permission to the YMCA to communicate with he/she directly and for them to perform volunteer work if successful in this role.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

P/G Name (Please print): \_\_\_\_\_

P/G Address: \_\_\_\_\_

P/G Email: \_\_\_\_\_ P/G Tel.: \_\_\_\_\_

**For Office Use Only**

1 Date Application Received: \_\_\_\_\_

2 Forms required attached:

- Certifications (*if applicable for position*)
- Interview

3 Title of Volunteer Position: \_\_\_\_\_

4 Start Date: \_\_\_\_\_ End Date (*if known*): \_\_\_\_\_