



YMCA of Greater Moncton

30 War Veterans Ave.

Moncton, NB E1C 0B3

Tel: (506) 857-0606 Fax: (506) 859-8198

Email: volunteer@ymcamoncton.ca

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: _____

Are you a member of the YMCA: Yes No

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 **two** recommending educators/professors.

PLEASE PRINT CLEARLY

Name of Educator or Professor:		Relationship to student:	Child Protection: 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. 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 not be working with or around children, young people or vulnerable adults?	Recommendation: 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: _____

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 of Greater Moncton 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.

Student Agreement (18 years or older):

Applicant Signature: _____ Date: _____

Parent/Guardian Consent:

The YMCA of Greater Moncton 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 understand that YMCA Programming can be conducted in an online/virtual environment as well as the use of electronic communications to my child or youth, I agree to have YMCA staff and volunteers communicate to my child in digital forms for work purposes only. *If the parent/guardian does not consent for staff to communicate with their child/youth, then all communication is directed to the designated parent/Guardian to the email provided below*

I consent to have YMCA staff and volunteers communicate to my child in digital forms for work purposes only.

Parent/Guardian Signature: _____ Date: _____

I do not consent to have YMCA staff and volunteers communicate to my child in digital forms. Please send all communication to the email address indicated below

Email Address: _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

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)*: _____

5 Supervisor/Director: _____ Date: _____

6 Sr. Director/VP Signature: _____ Date: _____

My Signature signifies I have reviewed and approve all applicable forms that are required.