

APPLICATION FOR STUDENT PLACEMENT

PLEASE COMPLETE ALL SECTIONS

Student's name _____ Date _____

Student's address _____ Phone _____

Student's email address _____ Postal Code _____

Emergency contact _____ Phone _____

Section 1: School Contact

School's Placement Coordinator _____

Placement Coordinator's email _____ Phone _____

Section 2: Placement Details

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Name of school _____ Name of Program _____ Year in the Program _____

Length of placement (month to month) _____ Start date _____ End date _____

Total placement hours _____ Number of hours per day _____ Days per week _____

During placement, you will rely on: Public transportation, or Your own transportation

Preferred city to conduct placement in:

How did you hear about Christian Horizons?

Section 3: Other Information

What is the reason for your interest in volunteering with Christian Horizons?

Will you be able to provide two professional references? Yes No

We require 2 professional references - we provide the forms. This can be work related, from a volunteer position, or from a professor/teacher/community leader. References cannot be from a friend or family member.

Will you be able to provide a Vulnerable Sector Search Police Check? Yes No

Section 4: Applicant's Certification (please read before signing)

As part of our responsibility to the people we support, we screen all of our applicants therefore position is dependent on successful screening processes and availability.

I certify that the information I have provided in this application is correct and complete.

Applicant Signature _____ Date _____

Thank you for your interest in conducting your student placement with Christian Horizons!

DISTRIBUTION: Forward completed document to:

1. Coordinator of Volunteers & Student Placements