



## COOPERATIVE EDUCATION APPLICATION

Personal Data			
<b>Name</b>			
<b>No.</b>	<b>Street</b>	<b>City</b>	<b>Home Tel.</b>
<b>Province</b>	<b>Postal Code</b>	<b>E-mail</b>	<b>Alternate Tel.</b>
<b>Are you legally entitled to accept employment in Canada on a permanent basis?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Are you 16+ years of age</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

**To determine your qualification for volunteering, please provide below and on the reverse, information related to your academic and other achievements including voluntary work, as well as employment history. Additional information may be attached on a separate sheet.**

Education				
Post Secondary	Faculty, Dept. or School	Discipline or Program	Degree/Diploma/Certificate	Date obtained or expected
<b>Other courses, workshops, seminars</b>				
<b>Licences, Certificates, or Degrees</b>				
<b>Describe any of your work related skills, experience or training that relate to the position being applied for</b>				

Work Experience		
Name of employer	Job Title	Duties/Responsibilities

Volunteer Experience		
Name of employer	Job Title	Duties/Responsibilities

**References**

Name	Relationship	Telephone
Name	Relationship	Telephone

**I hereby declare that the foregoing information is true, complete and correct. I understand that a false statement would disqualify me from volunteering.**  
**I understand that this and other personal information about me will be collected, used and retained and may be disclosed to third parties by The Centre for DREAMS in connection with its assessment of this application, including checking reference, and verifying information.**  
**I hereby permit The Centre for DREAMS to contact the above-mentioned persons named as references in order to obtain information as to personal/employment history and volunteer experience.**

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

**Office Use Only**

**Interview date:** \_\_\_\_\_  
**Interview Completed by:** \_\_\_\_\_  
**Police Check received:** \_\_\_\_\_  
**Placement:** \_\_\_\_\_  
**Placement Days:** \_\_\_\_\_  
**Start date:** \_\_\_\_\_  
**Termination date:** \_\_\_\_\_  
**No. of hours completed:** \_\_\_\_\_

**Notes**