



Practicum Student Application

Date of Application:

Contact Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>
Cell Phone	<input type="text"/>	Contact at Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address	<input type="text"/>		
Mailing Address	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
Postal Code	<input type="text"/>		

Employment / Education Information

Major	<input type="text"/>
School	<input type="text"/>

Emergency Contact Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Relationship	<input type="text"/>	Phone	<input type="text"/>

Church Information (if applicable)

Church Name	<input type="text"/>
Pastors Name	<input type="text"/>

Availability Information

What day(s) of the week and what hours are you available?

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
End	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you applied to volunteer previously at The SEED?

Yes No

Have you used any SEED services in the last year?

Yes No

Do you have a criminal record or any pending charges?

Yes No

PLEASE NOTE: A criminal record does not necessarily eliminate you from volunteering.

Do you have any medical or environmental concerns we should be aware of? If so please detail below.

<input type="text"/>
<input type="text"/>



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Practicum Details

This practicum is for:

- Field Education Work Experience Admissions Practicum
 High School Hours Other (please detail)

What placement area are you interested in?

- Guest / Client Services Education Services Employment Services
 Chaplaincy Occupational Therapy Health & Wellness
 Arts & Recreation Other:

When would you like to start your practicum by?

When does your practicum have to be completed?

Number of hours per week?

For how many weeks?

Total number of hours required?

Do you need to set any learning objectives?

Yes No

Do you need a supervisor with education in the area of your degree?

Yes No

Does your supervisor need to fill out any paperwork?

Yes No

Educational Supervisors Contact Information

First Name

Last Name

Work Phone

Email Address

Mailing Address

City

Province

Postal Code