**  
STUDENT PLACEMENT APPLICATION FORM**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Educational Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Degree/Diploma/Certificate to be granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year of study: \_\_\_\_\_\_\_\_\_ Expected date of completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Placement start date: \_\_\_\_\_\_\_\_\_\_\_\_ Placement end date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of hours required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate the days and times you are available:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day:** | **Any:** | **Morning:** | **Afternoon:** | **Evening:** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |

**Academic Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about Rose of Sharon? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please outline your relevant experience:**

**Please outline your placement objectives/goals and interests (attach additional paper as needed):**

|  |  |
| --- | --- |
| Below is a listing of Rose of Sharon programs. Please indicate in numerical order the top 3 areas that  are of interest to you. For detailed information on these programs visit: www.therose.ca | |
|  | Administration |
|  | All Babies Count (ABC) Prenatal Health and Nutrition Program |
|  | High School Program |
|  | Child Development Centre |
|  | Fundraising/Special Events |
|  | Group Programs |
|  | Rosie’s Closet (Food and Donation room) |

**Please return your completed application form along with your resume to:**

**Attn**: Tamar Dobner   
**Mail**: Rose of Sharon  
 361 Eagle Street  
 Newmarket, On L3Y 1K5  
**Fax**: 905-853-5949  
**Email**: [tdobner@roseofsharon.com](mailto:tdobner@roseofsharon.com)

If you have any questions regarding doing a student placement at Rose of Sharon please contact Tamar Dobner at [tdobner@roseofsharon.com](mailto:tdobner@roseofsharon.com) or (905) 853-5514 x230

**Please note:** Student placements will be required to have an up to date Criminal Reference and Vulnerable Screening check and TB test.

*Thank you for submitting your application. Due to the high volume of applications we receive and limited ROS staff to oversee student placements we regret that we are unable to find suitable placements for every applicant. Placements are dependent on whether student skills and learning requirements fit with available staff and programs.*

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**For ROS Administration:**Date application received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Applicant placed: \_\_\_Yes ROS Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_No Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_