



**THOMPSON RIVERS
UNIVERSITY**

**Early Childhood
Education
Volunteer/ Work Experience**

Student's Name: _____ Student #: _____

Name of Licensed Center: _____ Phone #: _____

Address: _____

Name of Certified Early Childhood Educator: _____

Volunteer and/or work experience period must be a minimum twenty-five (25) hours in total

Dates

Times

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL HOURS _____

Early Childhood Educator's Signature _____ Date: _____

Student Section – Work Experience Form

*****Information regarding 25 hours of volunteer time to be completed by the student *****

List activities/programs that you observed:

Your responsibilities while volunteering:

Guidance strategies you observed being utilized:

Additional Comments:

Include any new information on young children you may have acquired recently:

Student's Signature _____ Date: _____