

Date: _____

PERSONAL DETAILS

Last Name: _____ First: _____ Date of birth: _____

Home Address*: _____ City: _____

Province/State: _____ Country: _____ PC/Zip: _____

Home #: _____ Cell #: _____ Work #: _____ Email: _____

*If address will be different during practicum please indicate (if known):

Local Address: _____

Current Occupation/Field of study: _____

Educational background: _____

Experience in animal care: _____

Do you have a criminal record? Y / N Please explain: _____

Practicums are volunteer opportunities to gain valuable career experience and the mentorship of professional animal care providers. The hands-on placement is recognized as formal educational credit through either university course credit or towards professional training certification. Please indicate which of the two you will be registered in:

University course (e.g. UBC APBI 496) and student number: _____

Indicate hours needed (e.g. 150-200 for 3 credits; 350-400 for 6 credits) _____

Professional training certification if not taken as university course (indicate which) _____

Tick your preference months for practicum placement and indicate days of the week for your availability:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

What other work, school, volunteer or personal commitments will you have during your practicum? If on a specific day that prevents being scheduled this day/time please indicate which.

Explain: _____

What is the earliest start date are you available? _____ Latest end date? _____

MEDICAL INFORMATION

Animal care experiences have various physical requirements and may include working long days on your feet, carrying animals and heavy cages, etc.

Do you have any health restrictions or concerns about this, explain: _____

Date of last Tetanus Vaccination: _____

Emergency Contact Person: _____ Home #: _____ Work #: _____

Medical Insurance Company and Plan#: _____

Allergies or current medications that we should be aware of in case of emergency: _____

All practicum positions are voluntary, NO stipend or salary is offered. Please note that the BC SPCA is not responsible for transit costs and thus reliable transportation is necessary. Insurance is the responsibility of the practicum participant.

Do you have access to a vehicle? _____ Driver's License #: _____

*If you are applying from outside of the Vancouver area, please include a paragraph that explains where you will live during the two months and what provisions you have made for the commute.

