



WSS Career Programs Application for Work Experience



- To participate you must:**
- Be Fifteen
 - Have your parents/guardians permission
 - Have a school sponsor
 - Make your own transportation provisions.

DO YOU DRIVE?

Date:

Do you have your own transportation?

NAME:

DATE OF BIRTH:

ADDRESS:

PHONE:

EMAIL:

COURSES TAKEN IN GRADE 11

GRADE 12

FOCUS AREA OF INTEREST:

PAST WORK EXPERIENCE:

HOBBIES & INTERESTS (AT LEAST 2)

SPECIAL SKILLS

PROVIDE FOUR AREAS OF JOB INTEREST (IN ORDER OF PREFERENCE)

PARENT OR GUARDIAN SIGNATURE

I hereby state that I understand my son/daughter will be participating in a work experience placement in the community. They will be responsible for providing their own transportation to and from their placement and they will be provided with WorkSafe BC coverage upon completion of the Career Education Agreement.

NAME OF PARENT/GUARDIAN (PRINT)

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF STUDENT