

## **LAMP Community Health Centre Student Application Form**

Date Submitted:

Applicant Information	
First Name:	Last Name:
Phone:	Email:
Due to policies, you may not be eligible to be both a current client, employee or volunteer at LAMP CHC and conduct your student placement at some programs.	
Have you been a client of LAMP CHC? Y	Last year as active client:
If yes, which program(s):	
Have you been an employee or volunteer of LAMP Control of the second of	HC? Employed Volunteer N/A  Last year of service:
Academic Information	
School:	
Program Name:	
Degree/diploma (BA,MSW, Certificate, etc.):	Program Year:



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## **Placement Details**

Does your program require any academic or professional credentials of the staff supervisor? If so, what are they?

List the LAMP CHC program(s) which suit your learning goals and requirements. For more information on our programs/services please visit our website.

Intended Start Date: End Date:

Availability: Mon Tue Wed Thurs Fri Sat Sun # hours/week:

Timeframe: Mornings Afternoons Evenings

Required Hours /Total Hours: When do you require placement confirmed?

Please submit this application form along with a copy of your resume and cover letter to:

volunteering@lampchc.org with subject line: 'student placement'

Volunteer Services will contact you in follow up to your request for placement.

Applications are destroyed if there is no compatible or available placement.

Your information is stored in a secure manner and only accessible to authorized staff, and for the purposes of screening and contacting you. More information will be required, such as a vulnerable sector police records check etc. upon a successful program or service match, along with other details.

For more information, please contact LAMP Volunteer Program at <u>volunteering@lampchc.org</u> or call 416-252-9701, Ext. #245. If you are sending an email please use 'student placement' as the subject.