



**Student Placement Application Form**  
 1145 Concession Road, Cambridge, ON. N3H 4L5  
 Phone: 519-653-1470 ext. 232  
 Website: [www.langs.org](http://www.langs.org)

**A. Personal Information**

Name: \_\_\_\_\_

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

City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Please indicate your age category:  Under 14  14-17 yrs  18-49 yrs  50-65 yrs  Over 65

**B. School Information**

School: \_\_\_\_\_ Program: \_\_\_\_\_

Placement Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Langs Supervisor: \_\_\_\_\_ Placement dates: \_\_\_\_\_

**C. Interests and Availability**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Early Years Programs         | <input type="checkbox"/> Youth/Teen Programs       | <input type="checkbox"/> Adult Programs             |
| <input type="checkbox"/> Board of Directors           | <input type="checkbox"/> Bingos                    | <input type="checkbox"/> Reception                  |
| <input type="checkbox"/> Diabetes Admin Support       | <input type="checkbox"/> Newsletter Delivery       | <input type="checkbox"/> Christmas Break Programs   |
| <input type="checkbox"/> Summer Programs              | <input type="checkbox"/> March Break Programs      | <input type="checkbox"/> Breakfast Club             |
| <input type="checkbox"/> Community Services Committee | <input type="checkbox"/> Summer Picnic Action Team | <input type="checkbox"/> Holiday Dinner Action Team |

Other: \_\_\_\_\_

Please mark times available

Availability	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

*Preferred Location(s):*



Langs

North Dumfries

Grow Community Centre

Youth & Teen Centre



## Student Placement Application/Information Form

**D.** If you have any of the following skills and are interested in being contacted about them when we are filling specific positions, please indicate them below:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> First Aid/CPR              | <input type="checkbox"/> Teacher             | <input type="checkbox"/> Legal/Financial |
| <input type="checkbox"/> Social Services            | <input type="checkbox"/> Nursing             | <input type="checkbox"/> Outreach        |
| <input type="checkbox"/> Other Medical Professional | <input type="checkbox"/> Childcare           | <input type="checkbox"/> Administration  |
| <input type="checkbox"/> Van Driver (F License)     | <input type="checkbox"/> Pandemic Assistance | <input type="checkbox"/> Other: _____    |

### E. References

Please list three people who have known you on a personal or professional level and who have insight into your work habits. List at least one person who knows your paid/volunteer work; neighbors, religious leaders, teachers, or family friends may also act as references.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Personal information on this form is collected for the purpose of maintaining our volunteering and placement student records, making sure you are in the right position and making mailing/phone lists for the organization. This information will not be shared with any other group or organization without your approval. Langs staff are bound by law and ethics to protect your privacy and the confidentiality of your personal information.



## Emergency Contact

In case of an emergency while you are on placement, who should we contact?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

## Medical Information

Do you have any allergies, physical limitations, special needs, medical or health conditions that Langs staff should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Photographic Release Waiver *(optional)*

I hereby give permission to Langs for use of my picture in any promotional material including advertising, brochures, publications, video productions and other uses. I waive the right to any fee or compensation for either the photographic sitting or the use or reproduction of the resulting photographs in any medium. I understand these materials may be used by Langs.

\_\_\_\_\_  
Student Placement Signature

\_\_\_\_\_  
Date

## Email Contact Consent

Langs' best practice is to send limited information emails. Each email provides the option to unsubscribe from all future correspondence. The volunteer & student placement coordinator also sends electronic invitations to events and training opportunities throughout the year. (E.g. newsletters/organizational updates, programs and services information/registration dates/reminders, special events, etc.)

I give permission to Langs to add me to the Langs Contact List:  Yes  No

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## Student Placement Agreement / Release & Waiver

I, \_\_\_\_\_ (first & last name), in applying to perform duties for Langs as a student placement, fully understand and agree to the following:

1. That I will not receive any remuneration, salary, wage, or payment or any employee benefit whatsoever, or be covered by the Workplace Safety and Insurance Act, 1997.
2. That except as authorized, I will not use Langs facilities and equipment.
3. That I will immediately notify the appropriate Langs supervisor of any incident that involves personal injury or property damage during my placement duties.
4. That either Langs or I myself may terminate my placement activities at any time.
5. I acknowledge that placement activity may involve personal risk of damage or injury. Notwithstanding this acknowledgment, I hereby release Langs, Board of Directors, employees and agents from all claims for damage or injury to myself resulting from my participation as a placement student, unless such damage or injury is caused solely by the gross negligence of Langs.
6. I understand and agree that privileged information received about program participants, volunteers, placement students and/or staff of Langs is confidential. It may only be revealed to my direct supervisor within Langs. Failure to maintain confidentiality may be cause for my immediate dismissal or will be means for other corrective action.

By signing this form, I acknowledge having read, understood and agree to the above conditions, release and waivers, for any volunteer role that I am assigned and agree to perform for Langs. I also give Langs permission to contact my references and to ask the necessary questions for my reference check. I affirm that all the information I have given is true and complete.

\_\_\_\_\_  
Placement Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**If the student is under 18 years of age, a parent or legal guardian must also sign the following:**

I hereby certify that I am the parent/legal guardian of \_\_\_\_\_, a minor and  
(Please print)

that she/he has my permission to serve as a volunteer with Langs and have read the Placement Student Agreement/Release & Waiver form.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date