

Sault College of Applied Arts and Technology
CHILD CARE AND ADOLESCENT WORKER PROGRAMME

Outline for students completing the requirement for *Volunteer Hours*
CCW 501-1

Volunteering one's services is one of the most effective ways of demonstrating one's commitment to a chosen profession. Volunteering can provide numerous benefits to the volunteer, including a heightened sense of self-esteem, as well as the refinement of professional skills. The Child Care and Adolescent Worker Programme is committed to the practice of volunteering. As such, students in this programme have the requirement of a minimal contribution of their time to be volunteers.

1. Each student in the CCW programme must successfully complete a total of 50 hours of volunteer work. This work may be done at any time between first year enrollment and graduation from the programme. Volunteer work completed prior to entry into the CCW programme will not be counted as part of the total required volunteer hours. Similarly, hours of employment do not count for these purposes.

2. Volunteer hours may be completed at any human service agency or setting which receives the approval of the CCW faculty. Agencies which offer field placements to CCW students may be used provided the student volunteer is not on placement at that agency during the time of the volunteering commitment.

3. Procedure

a.) When a student decides he or she would like to commence volunteering for this requirement, the student must first consult with a member of the full-time CCW faculty. This consultation must be initiated by the student. This may occur at any time prior to the beginning of Semester Six (for registration purposes).

During this consultation, the details of the volunteer activity will be worked out and approved by the faculty member. Details of the activity will be recorded and kept in the student's file in the programme office. Each student will be responsible for arranging, with the appropriate agency, his or her volunteer activity. Faculty can provide guidance and support in this regard.

For the duration of this activity students are bound by the provisions of the CCW Programme Policy on Confidentiality.

b.) During the course of the volunteer activity, the student will keep the faculty apprised of their progress and involvement. Difficulties encountered in the volunteer activity should be worked out with the faculty member whenever possible. CCW faculty may contact the volunteer agency for update reports on the student's progress.

c.) Upon completion of the required number of volunteer hours, each student is responsible for submission to the faculty of a form certifying successful completion of the volunteer activity. This form will be supplied by the faculty, and must be completed by the agency supervisor of the student volunteer. A section of this form must be completed by the student as well.

d.) Upon receipt of this completed form, and at the subsequent date for submission of grades, the faculty member will submit to the Registrar's office notification of successful completion of the volunteering requirement. The student's transcript will show a Credit (Cr) for this assignment.

4. This outline may be revised at any time. Students will be informed of any revisions as they occur.

November 3, 1986.

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Details of Student Volunteer Activity - CCW 601-1

This form is to be completed by the CCW faculty following consultation with the CCW student.

NAME OF STUDENT: _____

STATUS OF STUDENT IN PROGRAMME (full-time or part-time; 1st, 2nd or 3rd year): _____

DATE OF MEETING: _____

NAME OF AGENCY AT WHICH ACTIVITY IS TO OCCUR: _____

AGENCY CONTACT PERSON: _____

DATE OF COMMENCEMENT OF VOLUNTEER ACTIVITY: _____

OUTLINE OF VOLUNTEERING ACTIVITIES: _____

SIGNATURE OF STUDENT: _____

COMMENTS OF CCW FACULTY: _____

APPROVAL GRANTED: _____

(signature of faculty)

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Certification of Completion of Volunteer Activity - CCW 601-1

THIS FORM IS TO BE COMPLETED BY THE AGENCY SUPERVISOR OF THE STUDENT VOLUNTEER.

NAME OF STUDENT: _____

NAME OF AGENCY: _____

NAME OF PERSON COMPLETING THIS

FORM: _____

DATE STUDENT COMMENCED VOLUNTEER

ACTIVITY: _____

NUMBER OF VOLUNTEER HOURS COMPLETED TO DATE (minimum of 30 required): _____

COMMENTS REGARDING THE STUDENT'S VOLUNTEER ACTIVITIES: _____

APPROVAL OF SUCCESSFUL COMPLETION: _____

(signature of supervisor)

DATE: _____

STUDENT'S COMMENTS: _____

STUDENT'S SIGNATURE: _____

DATE: _____

RECEIVED BY CCW FACULTY: _____

(signature)

DATE: _____