

STUDENT PLACEMENT APPLICATION FORM

Name:		
Date:		
Address:		
Email:		
Telephone:		
Home:	Cell:	Work:
Number we are best to reach you at: ____ Home ____ Cell ____ Work		
Educational Institution:		
Program of study:		
Degree/Diploma/Certificate to be granted:		
Year of study: Expected date of completion:		
Professional body affiliation (if any):		
Placement start date:		
Placement end date:		
Number of hours required:		
Days of the week you are available:		
__ M __ T __ W __ Th __ F		
Academic contact:		
Name:		

Phone: Email:
Please outline your relevant experience:
Please outline your placement objectives/goals and interests:

Below is a listing of Starlight programs. Please indicate the areas that are of interest to you.
Programs
Fundraising
Communications
Accounting

Please return your completed application form along with your resume to:
Email: hr@starlightcanada.org

If you have any questions regarding doing a Student Placement at Starlight, please feel free to contact us at 416.642.5675 or hr@starlightcanada.org

For Starlight Administration:
Date application received:
Applicant placed: ___ Yes Program: ___ No