



CO-OP Student Application Summer 2018
Hamilton/Burlington SPCA

Date	
Name	
Date of Birth (month/day/year)	
Address	
Postal Code	
Preferred Phone Contact #	
Student's Email Address	
School	
Student's Current Grade	
Co-op Teacher's Name and Tel #	
Placement Dates requested	Start Date: () End Date: ()
Placement Times Requested	Circle one: (AM) (PM)
Co-op position(s) applying for: please list in order of interest	1)
	2)
	3)
What are your career goals?	
What skills would you like to develop in your co-op placement?	
Please describe any skills or experience that you think will benefit you as a co-op student at the HBSPCA.	
Please describe any past or current volunteer experience.	
Please describe any animal related experience you may have.	
Please list any clubs or organizations with which you have been involved?	
Please describe any animal related experience you may have (e.g. pets, dog walking).	

Signature_____ Date_____