



**CO-OP Student Application  
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) (Summer)  |
| Co-op position(s) applying for:<br>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\_\_\_\_\_