



Watson Lake Secondary School

P.O. Box 308  
Watson Lake, YT Y0A 1C0  
(867)536-2501

## WORK EXPERIENCE/VOLUNTEER WORK FORM

(Please attach a business card from your employer to this form, if available.)

### EMPLOYER/VOLUNTEER SUPERVISOR'S REPORT

#### Student Information:

Student's Name: \_\_\_\_\_

Contact Information: Tel: (    ) \_\_\_\_\_ - \_\_\_\_\_  
email address: \_\_\_\_\_ @ \_\_\_\_\_

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

Date of Report: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (YYYY/MM/DD)

Position: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_

#### Description of Employment/Volunteer Work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Employed: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Total Hours Worked: \_\_\_\_\_ hours

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### EMPLOYER'S DECLARATION

I \_\_\_\_\_, confirm that the information above is correct.

(Employer's name - please print)

Name of Supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Position: \_\_\_\_\_

Work Phone Number: Tel: (    ) \_\_\_\_\_ - \_\_\_\_\_

email address: \_\_\_\_\_ @ \_\_\_\_\_

\*\*\*\*Please return this form to the Graduation Transitions Coordinator/Career Counsellor\*\*\*\*

**GRADUATION TRANSITIONS COORDINATOR/  
CAREER COUNSELOR'S REPORT**

Student's Name: \_\_\_\_\_

PEN: \_\_\_\_\_

Yukon Territory ID: \_\_\_\_\_

Date of expected graduation: 20 \_\_\_\_\_

Number of Hours Approved: \_\_\_\_\_ hours

ADDITIONAL COMMENTS:

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**PARENT/GUARDIAN'S DECLARATION**

This report is proof that I have been informed that my child/ward as completed the "Community Connections" portion of the Yukon's Graduation Transitions Plan that requires at least 30 hours of work experience (paid or volunteered work).

I, \_\_\_\_\_ have read the aforementioned report,

Parent/Guardian's Name (please print)

accept its content and acknowledge receipt of this report.

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Graduation Transitions Coordinator/Career Counselor's Name:

\_\_\_\_\_

Graduation Transitions Coordinator/Career Counselor's Signature:

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_