



Fraser Valley Aboriginal Children and Family Services Society

Practicum Interest Form

Name _____ Phone # _____

Email _____

School _____

Program _____

Current Year / Term _____

Estimated Start Time _____ Estimated End Time _____

Total Hours Needed _____

Which of the below locations are you able to travel to on a regular basis?

(Please check all that apply)

Abbotsford

Agassiz

Chilliwack

Hope

Mission

Langley

Are you completing a child welfare specialization?

Yes

No

Do you have a license?

If yes, do you have a vehicle?



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Practicum Interest Form

Why are you interested in a practicum with us?

What skills are you hoping to develop during your practicum?

What are you most interested to learn about during your practicum?

Please send your completed form to training@xyolhemeylh.bc.ca

Thank you for your interest in our organization!