FORM 1 – PAID PLACEMENT - LEADERSHIP / ACTIVITY EXPERIENCE PROPOSAL
(MUST BE TYPED)

MANDATORY: COMPLETION OF THE YOUNG WORKER HEALTH & SAFETY ORIENTATION ONLINE TRAINING

SUBMIT THIS FORM WHEN TRAINING IS COMPLETE- ALONG WITH PRINTED PROOF OF TRAINING COMPLETION

Name: _____ Student I.D. #: _____

Local Address: _____

WLU E-mail: _____

Local Phone: _____ Home Phone: _____

Is this your first activity experience submitted? Yes ☐ No ☐ (if no, please list previous experiences)

1.
2.
3.

1. Organization/location of experience, including contact information:

2. Supervisor Name and Title of Position:

3. Describe the duties involved in the experience you are proposing, include the projected number of hours of involvement, and the start date/completion date:

4. Explain how this experience is related to the field of kinesiology, physical activity, recreation or applied health and involves leadership in some form.

5. Describe the applied educational nature of this experience.

☐ Approved ☐ Not Approved

_____ _____

Signature: Undergraduate Advisor or Department Chair Date

Office Use: Date Received _____ _____ ini _____ Date entered into MLS: _____ ini _____