

Early Childhood Education Volunteer/ Work Experience

Student's Name:	Student #:
Name of Licensed Center:	Phone #:
Address:	
	or:
*Volunteer and/or work experience period	d must be a minimum twenty-five (25) hours in total
<u>Dates</u>	<u>Times</u>
	TOTAL HOURS
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Early Childhood Educator's Signature	Date:

<u>Student Section – Work Experience Form</u>

**Information regarding 25 hours of volunteer time to be completed by the student **	
List activities/programs that you observed:	
Your responsibilities while volunteering:	
Guidance strategies you observed being utilized:	
Additional Comments:	
Include any new information on young children you may have acquired recently:	
Student's Signature	