**Career Life Exploration** is your opportunity to delve deeper into possibly future career and life pathways.

**Provide evidence that you have participated in 30 or more hours of career-life exploration, which could include work experience, service learning, field work, passion projects, entrepreneurship, and volunteerism. The 30 hours do not have to be in the SAME activity.**

**Evidence of career-life exploration must include AT LEAST ONE of the following documents:**

1. A signed letter of reference/recommendation from a supervisor which documents the hours completed and the timeframe of your activities.
2. Certificate of completion
3. Copies of pay stubs, Revenue Canada T-4 slips, or Official Record of Employment that prove at least 30 work experience hours
4. Verification from your Work Experience, Peer Tutor/Mentor, or Leadership Program teacher that these hours are beyond the course requirements of 120 hours.
5. Verification and/or discussion with your Career Life Education teacher

**Examples of Passion Projects, Field Work and Entrepreneurship:**

|  |  |  |
| --- | --- | --- |
| **Passion Project:** | **Field Work:** | **Entrepreneurship:** |
| Creation of something | Independent learning | Planning a business proposal |
| Development of a skill | Working with a teacher on an extension | Marketing |

**Examples of Service Learning or Volunteerism:**

|  |  |
| --- | --- |
| **School-based Examples** | **Community-Based Examples** |
| Students’ Council | 24 Hour Relay for Life |
| School Dance Organization | Children’s Festival volunteer |
| Milk Run | Terry Fox Run |
| Coaching a school team | Coaching a community team |
| Mentoring International students | Exploration Place |
| Library helper | PGARA Raceway volunteer |
| School recycling program | Organizations that assist street people |
| Organizing school events /Leadership | Junior Volunteer at the hospital |
| Coordinating Graduation activities | Assist with seniors’ activities |
| Peer-tutoring | SPCA |

**Examples of Work Experience**

|  |  |
| --- | --- |
| **Community-based Examples** | **School-Based Examples** |
| Paid work experience | School organized work experience (with Work Experience Agreement Form) |
|  | School organized job shadow (with Work Experience Agreement Form) |

***\*all students using work experience MUST be covered by WorkSafeBC***

1. **I completed [check the appropriate box]:**

|  |  |
| --- | --- |
|  | **Work experience [Work Experience 12 or Peer Tutoring can count for these hours]** |
|  | **Service learning and/or Volunteerism**  **\_\_\_\_\_\_ \_\_\_ in school** **\_\_\_ outside of school** |
|  | **Other career-life exploration options:**  **\_\_\_\_\_\_ passion project \_\_\_\_\_\_ fieldwork**  **\_\_\_\_\_\_ entrepreneurship \_\_\_\_\_\_ other** |

**\*Note**:     *Documentation of career-life exploration may be subject to verification by your CLC 12 teacher.*

**Work Experience and/or Community Service/Volunteerism Verification**

**To be completed by the student:**

|  |  |
| --- | --- |
| Student Name: |  |
| Student Number: |  |
| Place of Work Experience or Community Service:  (Name of Company) |  |
| Worksite Address: |  |
| Worksite Phone Number: |  |
| Supervisor Email: |  |
| Name of Contact: |  |
| Dates of Work Experience or Community Service: |  |
| Total Hours at this Location: |  |

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**To be completed by the Supervisor:**

(Please check the appropriate box(es)

|  |  |  |  |
| --- | --- | --- | --- |
|  | This was a paid work experience |  | School organized work experience |
|  | Student was covered by WCB |  | School organized job shadow |
|  | This was unpaid community service |  | School organized community service activities |

*Supervisor - please complete the following:*

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed \_\_\_\_\_\_\_\_ hours of work experience at our site.

Supervisor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If necessary, print or ask for more copies of this page.