

### **FACULTY OF KINESIOLOGY**

Undergraduate Practicum Office KNB 142 | 2500 University Drive NW Calgary | AB | Canada T2N 1N4 knespracticum@ucalgary.ca

### KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Athlete Development Assistant

Agency/Company: UCalgary Dinos Men's Volleyball Team

Website: https://godinos.com/

Location: Main Campus

Schedule: TBD according to the Organization and the Practicum Student's schedule (5-6 hours / week for 12

weeks in Winter Terms).

Terms Available: Winter

Number of Positions: 1

Organization Description:

Dinos Men's Volleyball Varsity USports team mission is to educate and develop leaders and achieve athletic success by building a championship culture to enhance the pride of the University of Calgary community.

### **Project Duties/Responsibilities:**

Under supervision working with Head Coach, Graham Vigrass to assist in athlete development

- Practicum hours will include attending training sessions during in season and playoffs (game schedule dependent)
- Assist with set up and tear down of equipment needs for training sessions
- Assist in the design creation and delivery of athletic training (speed, power and fitness)
- Be prepared to facilitate training sessions on their own within the parameters and protocols provided by the Head Coach
- Testing and evaluation of individual athletes as requested

### **Required Student Qualifications:**

- Completion or current enrolment in KNES 478 Strength Training Science
- Must have completed a Strength & Conditioning Practicum (priority will be given to students who have successfully completed a UCalgary Strength & Conditioning practicum)

### Assets:

- CPR and first aid
- Fundamental movement skills for running, jumping, throwing and lateral change of direction
- Understanding of training methodology and periodization

Contact: Graham Vigrass grahamvigrass@ucalgary.ca

## **Kinesiology Practicum Application**

**Placement:** UCalgary Dinos Men's Volleyball Team **Category:** Performance, Leadership and Coaching

# Submit together to knespracticum@ucalgary.ca: □ Completed Practicum Application

☐ Confidentiality Agreement

### Requirements:

- Students must be a current Faculty of Kinesiology undergraduate student in good academic standing with 60 units completed, including 30 units of KNES courses
- Students may participate in up to three different practicums (one per term) with no prior personal, work or volunteer relationship with the organization

| ∃ Yes | □ No | I have read and understood the criteria | □ Yes [ | □ No | I meet the criteria t | for this practicun |
|-------|------|---|---------|------|-----------------------|--------------------|
|-------|------|---|---------|------|-----------------------|--------------------|

### **INSTRUCTIONS**

1. Contact the on-site supervisor to arrange an interview.

☐ I agree with the above-mentioned terms and conditions.

On-Site Supervisor's Signature:

- 2. Bring a copy of this application with the completed student portion to your interview to be completed by the On-Site Supervisor.
- 3. Submit application and required documentation (if applicable) to <a href="mailto:knespracticum@ucalgary.ca;">knespracticum@ucalgary.ca;</a> our office will email your @ucalgary address within 5 business days with next steps for you and your On-Site Supervisor.

#### STUDENT PORTION - COMPLETE PRIOR TO INTERVIEW

| STUDENT PORTION - COMPLETE PRIOR TO INTERVIEW   |                |                     |  |  |  |  |  |  |  |
|---|----------------|---------------------|--|--|--|--|--|--|--|
| Practicum Term  |                |                     |  |  |  |  |  |  |  |
| □ Fall(year)  | □ Winter(year) | □ Spring(year)      |  |  |  |  |  |  |  |
| Student Information   |                |                     |  |  |  |  |  |  |  |
| Name: UCID:   |                |                     |  |  |  |  |  |  |  |
| Phone Number:   | Email:         | @ucalgary.ca        |  |  |  |  |  |  |  |
| Student Practicum Expectations: Why have you chosen this practicum placement? (1-2 sentences)   |                |                     |  |  |  |  |  |  |  |
| Code of Conduct   |                |                     |  |  |  |  |  |  |  |
| Students are responsible for compliance with the University of Calgary's Code of Conduct.   |                |                     |  |  |  |  |  |  |  |
| □ Yes □ No □ have read and understood the University of Calgary's Code of Conduct. □ Yes □ No □ Do you have a pre-existing relationship(s) with person(s) associated with this practicum (work, volunteer or personal)? ■ If yes, please briefly explain the nature of the relationship:  I agree that: ■ No salary or payment will be received based upon my participation in a Kinesiology practicum placement ■ I will meet the expectations of the practicum placement for which I am applying ■ I will be punctual throughout my practicum placement and will adequately notify the On-Site Supervisor about any absence(s). |                |                     |  |  |  |  |  |  |  |
| I will complete 60-72 hours within the dates of the term.   |                |                     |  |  |  |  |  |  |  |
| Start Date (first day of lectures)  End Date (last day of lectures)   |                |                     |  |  |  |  |  |  |  |
|   |                |                     |  |  |  |  |  |  |  |
| □ I agree with the above-mentioned terms and conditions.  |                |                     |  |  |  |  |  |  |  |
| Student's Signature: Date:  |                |                     |  |  |  |  |  |  |  |
|   |                |                     |  |  |  |  |  |  |  |
| ON-SITE SUPERVISOR PORTION  |                |                     |  |  |  |  |  |  |  |
| Name: Graham Vigrass  |                |                     |  |  |  |  |  |  |  |
| Phone:  | Email: graham\ | vigrass@ucalgary.ca |  |  |  |  |  |  |  |
| As the On-Site Supervisor, I agree that:  • No salary or compensation will be given to the practicum student  • I will provide sufficient hours (60-72 hours) within the term dates above, and spread evenly throughout the term (approx.5-6 hrs/wk in Fall and Winter / 10-12 hrs/wk in Spring)  • I will complete a mid-point and final evaluation for the practicum student  • I will provide sufficient supervision, and guidance during this practicum placement  • I will send any changes / updates to knespracticum@ucalgary.ca for approval / updating   |                |                     |  |  |  |  |  |  |  |

Date:

### **CONFIDENTIALITY AGREEMENT**

Practicum students and the agency must complete the signed confidentiality agreement and submit it (along with the practicum application form) to knespracticum@ucalgary.ca. THIS AGREEMENT is made as of the day of . 20 . BETWEEN: (hereinafter called the "Agency") AND: (hereinafter called the "Student") Whereas: It is the Student's legal and ethical responsibility to protect the privacy, confidentiality and security of all records, proprietary information and other confidential information relating to the Agency, including business, employment and medical information relating to patients, members, employees and health care providers. ("Confidential Information"). And whereas: The Agency has adopted policies and procedures regarding Confidential Information including its policies and procedures for complying with the Freedom of Information and Protection of Privacy Act and the Health Information Act ("Policies and Procedures"). In witness hereof, the parties agree as follows: 1. The Agency agrees to disclose and the Student agrees to receive Confidential Information in furtherance of participating in his/her practicum with the Agency, as set out in the Practicum Agreement. 2. The Agency agrees to advise, instruct and guide the Student as to the Policies and Procedures. 3. Upon receipt of the information set out in paragraph 2 herein, the Student agrees to use his/her best efforts to comply with the Policies and Procedures and to protect the Confidential Information, or any part thereof, and prevent it from being disclosed to any person contrary to the Policies and Procedures. IN WITNESS WHEROF, the parties have duly executed this Agreement effective as of the day and year first written above. <u>Agency</u> Student Signed:\_\_\_\_\_ Signed: Print Name:\_\_\_\_ Print Name: \_\_\_\_\_ Title:\_\_\_\_\_ Date \_\_\_\_