KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Sports Communications Assistant

Agency/Company: Dinos Athletics, University of Calgary

Location: Athletics Office (KNA 150), University of Calgary

Terms Available: Fall, Winter, or Spring

Number of Positions: 2

Project Duties/Responsibilities:

*Dinos Athletics* manages the operations of 22 varsity teams competing in 12 sports: basketball, cross country, field hockey, football, golf, hockey, soccer, swimming, tennis, track and field, volleyball, and wrestling. The *Sports Information Office* is responsible for communicating the successes of our teams and athletes to internal and external stakeholders including the media, fans, students, and alumni through various distribution channels. These responsibilities include keeping statistics and school records, maintaining photo archives, as well as organizing media conferences, writing post-game reports, and updating the official Dinos website.

As the primary media relations contact for one Dinos varsity team, practicum students will be required to:

- Write athlete profiles, game recaps, and other items for assigned team
- Organize and participate in media conferences
- Maintain statistics and records for assigned team
- Work with athletes and coaches on human-interest stories
- Creating and implementing communications plan(s) for assigned teams
- Organizational role for CIS Wrestling Championships

Required Student Qualifications:

- Significant interest in sports
- Proficiency in Microsoft Office

Assets:

- Statistical software experience

On-Site Supervisor: Ben Matchett, ben.matchett@ucalgary.ca
Kinesiology Practicum Application

Placement: Dinos Athletics, University of Calgary

Students must have 60 units completed to qualify for a practicum, including 30 units of KNES
Students may participate in up to three practicums, with no more than two at the same location

INSTRUCTIONS
1. Contact the on-site supervisor to arrange an interview.
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 knespracticum@ucalgary.ca; 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

<table>
<thead>
<tr>
<th>Practicum Term</th>
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<tbody>
<tr>
<td>☐ Fall_________ (year)</td>
<td>☐ Winter_________ (year)</td>
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<thead>
<tr>
<th>Student Information</th>
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<tbody>
<tr>
<td>Name:</td>
<td>UCID:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email:</td>
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<thead>
<tr>
<th>Student Practicum Expectations: Why have you chosen this practicum placement? (1-2 sentences)</th>
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<tr>
<th>Code of Conduct</th>
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<tbody>
<tr>
<td>Students are responsible for compliance with the University of Calgary's Code of Conduct.</td>
</tr>
<tr>
<td>☐ Yes ☐ No I have read and understood the University of Calgary’s Code of Conduct.</td>
</tr>
<tr>
<td>☐ Yes ☐ No Do you have a pre-existing relationship(s) with person(s) or group(s) associated with this practicum placement?</td>
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<tr>
<td>If yes, please briefly explain the nature of the relationship:</td>
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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

<table>
<thead>
<tr>
<th>Name: Ben Matchett</th>
<th>Organization: Dinos Athletics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>Email: <a href="mailto:ben.matchett@ucalgary.ca">ben.matchett@ucalgary.ca</a></td>
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</table>

As the On-Site Supervisor, I agree that:
- No salary or compensation will be given to the practicum student
- I will provide sufficient hours, supervision, and guidance during this practicum placement
- I will complete a mid-point and final evaluation for the practicum student.

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

On-Site Supervisor’s Signature: 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 WHEREOF, the parties have duly executed this Agreement effective as of the day and year first written above.

Agency

Signed: ____________________________
Print Name: ____________________________
Title: ____________________________
Date: ____________________________

Student

Signed: ____________________________
Print Name: ____________________________
Date: ____________________________