

## Centre Wellington Parks and Recreation Department 2024 LEADER-IN-TRAINING APPLICATION

PART A: Personal Information			
Name:			
Date of Birth (dd/mm/yy): *must be 13 years by June,1 <sup>st</sup> 2024*			Gender (M/F/NB):
Address:			
Home Phone #:	Parer	Parent's/Guardian's Work #:	
Email:	·		
PART B: Previous Experience			
Employer:		Position:	
From (Date):	to:		
Employer:		Position:	
From (Date):			
Employer:		Position:	
From (Date):	to:		
Why are you interested in becoming an LIT?			
My hobbies, sports and interests are:			

PART C: Educational Background School Attending: Last Grade Completed (as of June 2024): Awards, Training and Qualification you have obtained: PART D: References Name: \_\_\_\_\_\_Phone Number: \_\_\_\_\_ Relationship: Name: Phone Number: Relationship: PART E: Weeks/Days Applying For (please check) March Break Day Camp March 11 March 12 March 13 March 14 March 15 □ Week 5: July 24-28 Summer Day Camp: □Week 1: July 2-5 □ Week 2: July 8-12 □ Week 6: Aug 5-9 □ Week 3: July 15-19 □ Week 7:Aug 12-16 □ Week 4: July 22-26 □ Week 8: Aug 19-23 □ Week 9: Aug 26-30 PART F: Signatures

Applicant Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Centre Wellington Parks and Recreation Department Attn: Alicia Wysman Office: 550 Belsyde Avenue East, Fergus Mail: 1 MacDonald Square Elora, Ontario NOB 1S0

Personal Information provided on the form is collected by the Township of Centre Wellington under the authority of the Municipal Act for the purpose of registration in a parks and recreation program with the Township. Questions relating to the collection use and disclosure of this personal information may be addressed to Bruce Parkin Supervisor/Acting Manager of Community Programs & Customer Services at 550 Belsyde Ave. Fergus or 519-846-9691 x321