



Centre Wellington Community Services LEADER-IN-TRAINING APPLICATION FORM 2025

PART A: Personal Information	
Name: _____	
Date of Birth (dd/mm/yy): <small>*must be 13 years by June, 1st 2026*</small>	Gender (M/F/NB): _____
Address: _____	Town: _____
Home Phone #: _____	Parent's/Guardian's Work #: _____
Email: _____	

PART B: Previous Work or Volunteer Experience	
Employer: _____ Position: _____	
From (Date): _____ to: _____	
Employer: _____ Position: _____	
From (Date): _____ to: _____	
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 2026): _____

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 16 ☐ March 17 ☐ March 18 ☐ March 19 ☐ March 20

Summer Day Camp: ☐ Week 1: Jun.29- Jul. 3 ☐ Week 5: Jul.27-Jul.31
☐ Week 2: Jul. 6-10 ☐ Week 6: Aug. 4-7
☐ Week 3: Jul. 13 -17 ☐ Week 7 Aug 10-14
☐ Week 4: Jul. 20-24 ☐ Week 8: Aug 17-21
☐ Week 9: Aug 24-28

PART F: Signatures

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Centre Wellington Community Services
Attn: Alicia Wysman
Email to: awysman@centrewellington.ca
Office: 550 Belsyde Avenue East, Fergus
Mail: 1 MacDonald Square
Elora, Ontario N0B 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