

Leader-in-Training Application

		Received on:	
Name:		Birth date:	Age:
Address:			
Email:			
Home Phone:			
School:			
Parents/Guardians:			
Name:	Home#:	Work#:	Cell#:
Name:	Home#:	Work#:	Cell#:
Care Card No.:		Doctor:	
Medical Centre:		Phone:	
Do you have any healt volunteer placement:		s that may limit particip	pation at your
If yes, how can we help	o to ensure your place	ment is successful?	
Do you have any allerg	gies? Yes No	If yes, list	

Hobbies & Interests:
Previous Experience Working/Volunteering:
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Why do you want to be a Leader in Training?
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How will you get to work each day?

Volunteer Responsibilities:

<u>Leader-in-Training Level 1</u>

- Attend Leadership Training
- Commit to a volunteer placement of 6 weeks
- Lead activities provided by Program Director
- Assist with set up and take down of program
- Engage positively with participants and volunteers throughout the program
- Record volunteer hours and learning experiences in your Volunteer Journal
- Participate in teambuilding Meetings
- Report all behavioral challenges, accidents, and incidents to the Director

<u>Leader-in-Training Level 2</u>

- Attend Leadership Training
- Commit to a volunteer placement of 6 weeks
- Create, Plan and Lead activities
- Engage positively with participants and volunteers throughout the program
- Set up and take down of program
- Record volunteer hours and learning experiences in your Volunteer Journal
- Participate in teambuilding meetings and contribute ideas to help improve the program.
- Attempt to problem solve behavioral challenges and work with the Director to solve accidents and incidents
- Mentor new Leaders-in-Training

You must be availa	ble for L.I.T. Trair	ning Date to be a	advised	
Please select <u>ALL</u> the placement during t			r (you will receive official	
 Monday Tuesday Wednesday Thursday	2 Weekends	nts		
REFERENCES (not f	amily members)			
1. Name: Relationship:		Phone: (w)	(h)	
			(h)	
PARENT GUARD				
	of parent/guardia	of	Address	
Do hereby give my Training Program. provided by or on	full permission It is a condition behalf of the CIT ny case, for any on with such par	for my son/daughte of participation in an of VERNON that illoss, damages, injury ticipation.	r to participate in the Leaders ny Recreation Activity or Progr ts agent, servants and employ y or ambulance services resul	ran 'ee:
	Signature		Date	

Return Application to: Greater Vernon Recreation

Tima Coad, Recreation Programmer

tcoad@vernon.ca

250-550-3669

Email or drop off at the Recreation Centre Front Desk "Attn: Tima Coad"