Leader-In-Training Application Form



Please complete this application form if you are interested in becoming a City of Cambridge Leader-in-Training (LIT) volunteer. Application deadlines are March 2nd for the first round of interviews, and April 27th for the second round. Note: LIT spaces are limited. Submitting an application does not guarantee placement in the program. Second round applications will only be considered on an as needed basis.

Contact Information

Name:			
Address:			
City:	Postal Code:	Postal Code:	
Home Phone Number:	Cell Ph	one Number:	
Email Address:	Adult T	Adult T-shirt size: S M L XL	
Location			
Please rank the Playground sites preferred, 3 – least preferred):	that you are interested in	applying for (up to	a maximum of 3; 1 – most
Dickson Arena	Sun Blast – TBD		□ I can work at any site
Galt Arena	Imagination Stati	□ Imagination Station – TBD I would like to □ John Dolson Centreweeks	
Hespeler Arena	John Dolson Cer		
Duncan McIntosh Arena	🗆 W.G. Johnson Ce	UW.G. Johnson Centre	
Preston Arena	□ Moffat Creek PS	□ Moffat Creek PS	
□ Silverheights (St. Gabriel)	□ Carrefour Soleil (Carrefour Soleil (Dickson Arena)	
Availability			
Check the weeks you can vo	lunteer:		
June 29 – July 3 🗆	July 6 – July 10 🗆	July 13 – July	/ 17 🗆
July 20 - July 24 🗆	July 27 – July 31 🗆	Aug 4 – Aug	7 🗆
Deadline to change availab	ility: May 15th, 2015 via	email or phone.	

Mandatory Training:

LIT training coordinated by the City of Cambridge, is mandatory for all LITs both new and returning. There are two training sessions available this year. Please check the date you will be attending:

- Saturday, May 31, 9am-4pm Preston Auditorium
- Saturday, June 13, 9am-4pm City Hall, Bowman Room

The LIT program requires you to accompany campers into the water during trips. **New!** For safety reasons all LIT's are now required to participate in the Lifesaving Society's Safe Guard certification training at their own cost (\$25+HST) before being placed on a site. For a list of times and locations, please email <u>pronka@cambridge.ca</u>.

Please indicate your swim level?

- □ Strong Swimmer Swim Level 5 or Equivalent □ Weak Shallow Swimmer/No Lifejacket
- Non-Swimmer Lifejacket Required

Why are you interested in becoming an LIT?

Check all that apply:

Mandatory Community Service □ Learning New Skills □

Building your Resume
High School Volunteer Hours

Are you interested in working with children with special needs?

□ Yes □ No

How did you hear about being an LIT?

Check all that apply:

 Activities Guide
 City of Cambridge Current Volunteer Opportunities List

 Poster
 Volunteer Cambridge
 City Staff
 Friend
 School

 City Website
 Newspaper
 Summer Jobs Brochure
 Image: Comparison of the second sec

LIT Experience

Have you been an LIT with the City of Cambridge before?

□ No □ Yes, for 1 year □ Yes, for 2 years □ Yes, for 3 years Site:____

School you attend: _____

Previous Employment or Volunteer Experience

Employer/Volunteer Agency	Dates	Duties	Phone and Email

Leadership Experience, Awards or Certificates:

(Sports Teams, Clubs, First-Aid, Babysitting Course, High Five Principals of Healthy Child Development, LEAD, etc.) Attach a page if more space is needed.

Medical

List any allergies/medical conditions that we should be aware of?

Emergency Contact

Emergency Contact: Name:	
Home Phone Number:	_ Work Phone Number:
Cell Phone Number:	_Email Address:
Relationship to LIT:	

References

As the volunteer position you are applying for is dealing with a vulnerable clientele (children), we ask that you supply us with three references. **We will be checking at least two references** to verify your appropriateness in our program. We would appreciate you supplying us with names and contact information of individuals that are 18 years and older and who are people from school, church and/or other volunteer positions. Family members will not be accepted references.

Name	Email Address*	Phone Number	Relationship

Note: Email is the preferred method of communication for reference checks.

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge.

Signature	Date
If under 18, Parent/Guardian's Name & Signature	

Print_____ Signature_____ Date_____ Phone#___

Personal information contained on this form, collected pursuant to the Municipal Act, will be used for the management of Community Services Department volunteers. Questions about the collection of personal information should be directed to the City's Freedom of Information and Privacy Co-ordinator at 519.740.4680 ext. 4583.

For more information, please contact: Andrew Pronk by email at pronka@cambridge.ca