

City of Woodstock Summer Activities Leader In Training Application Form

Please complete this application form if you are interested in becoming a City of Woodstock Leader in Training volunteer.

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Please Note: Email will be the main form of communication. Please check email frequently.

School you attended: _____ Grade completed _____

Adult T-shirt size: S M L XL

Any allergies or medical conditions that we should be aware of:

Emergency Contact: Name: _____

Home Phone Number: _____ Work/Cell Phone Number: _____

Email Address: _____

Relationship to L.I.T.: _____ Phone: _____

Previous Employment or Volunteer Experience

Employer/Volunteer Agency	Dates	Duty Details	Phone & Email Address

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



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

Availability for Work

Check the weeks you can volunteer:

- July 3 – July 6
- July 9– July 13
- July 16 – July 20
- July 23 - July 27
- July 30 – Aug 3
- Aug 6 – Aug 10
- Aug 13- Aug 17
- Aug 20- Aug 24
- Aug 27 – Aug 31

Deadline to change availability: May 1, 2018 via email or phone.

Mandatory Training Dates:

LIT training coordinated by the City of Woodstock, is required for all LITs to attend trainings.

All training dates will be provided at the Interview

References

As the volunteer position you are applying for is dealing with a vulnerable clientele, that being 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 who are people from school, church and/or other volunteer positions. Family members will not be accepted references.

Name	Email Address*	Phone Number	Relationship

Please 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 16, Parent/Guardian’s Name & Signature

Print _____ Signature _____ Date _____ Phone# _____

* For more information, please contact Emma Vondervoort at evondervoort@cityofwoodstock.ca or 519 539 2382 ext. 2708

