

APPLICANT INFORMATION

NAME:		BIRTHDATE:		AGE:	
ADDRESS:			POSTAL CODE:		
PHONE NUMBER:		E-MAIL:			
SCHOOL:		GRADE:		T-SHIRT SIZE:	

PARENTS/GUARDIANS

NAME:		PHONE:		E-MAIL:	
NAME:		PHONE:		E-MAIL:	

Do you have any health factors or disabilities that may limit participation at your volunteer placement?

Yes No If yes, how can we help to ensure your placement is successful?

Do you have any allergies?

Yes No If yes, please provide details.

Hobbies and Interests

Previous Experience Working/Volunteering

Why do you want to be a Leader in Training?

How will you get to work each day?

PARENT/GUARDIAN DECLARATION

PHOTO RELEASE

Permission is hereby granted for the City of Campbell River to take and use photographs and videos of the above-mentioned participant for promotions and records.

Yes No

I, _____ of _____
Full name of parent/guardian *Address*

do hereby give my full permission for my child to participate in the Leaders in Training Program.

It is a condition of participation in any Recreation Activity or Program provided by or on behalf of the CITY OF CAMPBELL RIVER that its agent, servants and employees are not liable in any case, for any loss, damages, injury or ambulance services resulting from or in connection with such participation.

I have read and have understood the information provided.

Signature *Date*

Please email your completed application to recandculture@campbellriver.ca or press submit.

How did you hear about this program?

E-Mail Facebook/Instagram Recreation Guide Local Newspaper Radio

Other (explain):

CITY OF CAMPBELL RIVER OFFICE USE ONLY

APPLICATION RECEIVED ON: _____

FULL NAME OF APPLICANT: _____

NAME OF STAFF: _____