

Leaders in Training Summer Program

L.I.T. Application Form

Name		Address	
Postal Code		Phone	Email
Age	Date of Birth (day/month/year)		School you attend
Emergency contact name			
Relationship to you		Emergency contact phone number	
Health/special needs/medication concerns (allergies, challenges, etc.)			
Past volunteer experiences (e.g. babysitting, sports teams, clubs, etc.)			
Mandatory training will be provided from Summer Program Coordinator and will include the following <input type="checkbox"/> Leadership development <input type="checkbox"/> Cooperative games and activities <input type="checkbox"/> Arts and crafts "try it" sessions <input type="checkbox"/> General procedure for program <input type="checkbox"/> Basic in child development management			
Please check off the weeks that you are available to work			
Manning Day Camp 11:00 am to 4:00 pm		Deadwood Day Camps 11:00 am to 4:00 pm	
July 11, 12, 13		July 18, 19, 20	
August 1, 2, 3			
August 8, 9, 10			
Leaders in Training are required to wear the T-shirts provided on each program day. Please check the size required small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> Extra large <input type="checkbox"/>			
Please provide FCSS with 2 references, including contact information -Family reference -Employee/teacher/friend reference			



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Participant Consent

I understand that I _____ have applied to be a participant in the Manning & District Family Community Support Services Leaders in Training (L.I.T) program and as such, I will volunteer cooperatively with the paid summer staff to enhance the summer program for all participants.

Name of participant (please Print) Signature of participant Date

Guardian Consent

By signing this form, I acknowledge that all information on this application form is correct and I hereby allow them to participate in the Leaders in Training Program offered through Manning & District Family Community Support Services.

Name of parent or guardian (please Print) Signature of parent or guardian Date

Media Consent

I authorize Manning & District Family Community Support Services permission to release the name and or pictures identifying L.I.T persons in articles/promotion/Slide Presentations for displays and promotion of F.C.S.S.

Date Signature of parent or guardian

Witness Child/Youth Signature

