

Centre Wellington Community Services LEADER-IN-TRAINING APPLICATION FORM 2025

PART A: Personal Information			
Name:			
Date of Birth (dd/mm/yy):			Gender (M/F/NB):
must be 13 years by June,1 st 2024 Address:		Town:	
Home Phone #:	Parer	nt's/Guardian's V	Mork #
Email:			ν οικ <i>π</i> .
PART B: Previous Experience			
Employer:		Position:	
From (Date):	- to:		
Employer:		Position:	
From (Date):	to:		
Employer:		Position:	
From (Date):	to:		
From (Date): Why are you interested in becom			
	ning an LIT?_		
Why are you interested in becom	ning an LIT?_		
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Why are you interested in becom	ning an LIT?_		

Township of Centre Wellington 1 MacDonald Square, Elora ON N0B1S0 | 519.846.9691 Fax 519.843.2565 centrewellington.ca

PART C: Educational Background School Attending: Last Grade Completed (as of June 2024): Awards, Training and Qualification you have obtained: PART D: References Name: ______Phone Number: _____ Relationship: _____ Name: Phone Number: Relationship: PART E: Weeks/Days Applying For (please check) March Break Day Camp March 10 March 11 March 12 March 13 March 14 Summer Day Camp: □ Week 1: Jun.30- Jul. 4 □Week 5: Jul.28-Aug. 1 □Week 2: Jul. 7-11 □ Week 6: Aug 4-8 □ Week 3: Jul. 14 -18 □ Week 7 Aug 11-15 □ Week 4: Jul. 21-25 □ Week 8: Aug 18-22 □ Week 9: Aug 25-29 PART F: Signatures Applicant Signature: _____ Date: _____ Parent/Guardian Signature: _____ Date: _____ **Centre Wellington Community Services** Attn: Tara Ellig Office: 550 Belsyde Avenue East, Fergus Mail: 1 MacDonald Square Elora, Ontario N0B 1S0 Personal Information provided on the form is collected by the Township of Centre Wellington under the authority of the Municipal Act for the purpose of registration in a parks and recreation program with the Township. Questions relating to the collection use and disclosure of this personal information may be addressed to Bruce Parkin Supervisor/Acting Manager of

Community Programs & Customer Services at 550 Belsyde Ave. Fergus or 519-846-9691 x321