



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

<b>PART A: Personal Information</b>	
Name: _____	
Date of Birth (dd/mm/yy): <small>*must be 13 years by June, 1<sup>st</sup> 2024*</small>	Gender (M/F/NB): _____
Address: _____	Town: _____
Home Phone #: _____	Parent's/Guardian's Work #: _____
Email: _____	

<b>PART B: Previous Experience</b>
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Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
\_\_\_\_\_

From (Date): \_\_\_\_\_ to: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
\_\_\_\_\_

From (Date): \_\_\_\_\_ to: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
\_\_\_\_\_

From (Date): \_\_\_\_\_ to: \_\_\_\_\_

**Why are you interested in becoming an LIT?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My hobbies, sports and interests are:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

