

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

PART A: Personal Information			
Name:			
Date of Birth (dd/mm/yy):	Ge	nder (M/F/NB):	
must be 13 years by June,1 st 2025 Address:	Town:		
Home Phone #:	Parent's/Guardian's Work #:		
Email:			
PART B: Previous Work or Volunteer Ex	perience		
Employer:	Position:		
From (Date):			
Employer:			
From (Date):			
Employer:	Position:		
From (Date):			
My hobbies, sports and interests are:			
PART C: Educational Background			
School Attending:			
Township of Centre Wellington 1 MacDonald S	quare, Elora ON N0B1S0	519.846.9691 Fax 519.843.2565	

Last Grade Completed (as of June 2024):			
Awards, Training and Qualification you have obtained:			
PART D: References			
PART D. References			
Name:Phone Number:			
Relationship:			
Name:Phone Number:			
PART E: Weeks/Days Applying For (please check)			
March Break Day Camp \Box March 10 \Box March 11 \Box March 12 \Box March 13 \Box March 14			
Summer Day Camp:		□Week 5: Jul.28-Aug. 1	
	□Week 2: Jul. 7-11	□ Week 6: Aug 4-8	
	□Week 3: Jul. 14 -18 □Week 4: Jul. 21-25	□Week 7 Aug 11-15 □Week 8: Aug 18-22	
		□Week 9: Aug 25-29	
PART F: Signatures			
Applicant Signature: _		Date:	
Parent/Guardian Signature: Date:		Date:	
Centre Wellington Community Services			
Attn: Tara Ellig			
Email to: tellig@centrewellington.ca			
Office: 550 Belsyde Avenue East, Fergus Mail: 1 MacDonald Square			
Elora, Ontario N0B 1S0			
		vnship of Centre Wellington under the authority of the on program with the Township. Questions relating to 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