

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