



## Leader In Training Application Form

Please complete this application form if you are interested in becoming an SNA- L.I.T volunteer. **\*\*Note: LIT spaces are limited and therefore submitting an application does not guarantee you will be placed in our summer playground leader in training program.**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Note: Email will be the main form of communication. Please check email frequently.**

Have you been a LIT with the City of Cambridge/Neighbourhood Association before?     No     Yes, for 1 year     Yes, for 2 years     Yes, for 3 years

Site: \_\_\_\_\_

School you attend: \_\_\_\_\_ Grade: \_\_\_\_\_

Any allergies or medical conditions that we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

This program requires you to accompany campers into the water during trips. Please indicate your swim level?

Strong Swimmer (Swim Level 5 or equiv)     Weak-Shallow Swimmer/No Lifejacket

Non-Swimmer-Lifejacket Required     Other: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_

Relationship to L.I.T: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ ( cell  work  landline)

Secondary Contact #: \_\_\_\_\_ ( cell  work  landline)

E-mail: \_\_\_\_\_

**Previous Employment/Volunteer History:**

<b>NAME OF ORGANIZATION/EMPLOYER:</b>	<b>DATE(S):</b>	<b>DUTY DETAILS:</b>	<b>PHONE NUMBER &amp; CONTACT NAME:</b>

**Leadership Experience, Awards or Certificates:** (Sports Teams, Clubs, First-Aid, Babysitting Course, Highfive, LEAD, Safeguard etc.) Attach a page if more space is needed.

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**Why are you interested in becoming a LIT?** Check all that apply:

- Earning Work Experience
- Learning New Skills
- Building Your Resume
- High School Volunteer Hours

**What age group would you prefer to work with?** (Will not guarantee placement)

- Junior
- Youth

**Availability for Camp**

Check the weeks you can volunteer:

- Week #1: June 29<sup>th</sup>- July 3<sup>rd</sup>
- Week #2: July 6<sup>th</sup>- July 10<sup>th</sup>
- Week #3: July 13<sup>th</sup>- July 17<sup>th</sup>
- Week #4: July 20<sup>th</sup> - July 24<sup>th</sup>
- Week #5: July 27<sup>th</sup> - July 31
- Week #6: August 4<sup>th</sup>- August 7<sup>th</sup>
- Week #7: August 10<sup>th</sup>- August 14<sup>th</sup>

**I would like to volunteer \_\_\_\_ number of weeks.**

**\*\*Note: Deadline to change availability determined upon completion of interview.**

**Mandatory Training Dates:**

SNA will be executing in-house mandatory training for 2020.  
Training will be held at Silverheights Neighbourhood Association (located in St. Gabriel’s).  
LIT’s will be involved with our Annual Neighbourhood Day held on June 13<sup>th</sup> (LIT’s will sign up for a volunteer shift)

**Training details will be available upon interview completion.**

**References**

As the volunteer position you are applying for is dealing with a vulnerable clientele, that being children, we ask that you supply us with three references.

Please have each of your references complete the attached forms and return them with your application form. Your references need to be 18 years and older and who are people from school, church, neighbors, coaches and/or other volunteer positions.

**Note: Family members will not be accepted references.**



I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*If under 16, Parent/Guardian’s Name & Signature - Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Personal information contained on this form, collected pursuant to the Municipal Act, will be used for the management of SNA volunteers. Questions about the collection of personal information should be directed to the Volunteer Coordinator 519.249.1200

**\* For more information, please contact:  
SILVERHEIGHTS NEIGHBOURHOOD ASSOCIATIONS -VOLUNTEER COORDINATOR  
E: [volunteercoordinator@sna.site](mailto:volunteercoordinator@sna.site) P: 519-249-1200**