

APPLICANT INFORMATION

FIRST NAME:		LAST NAME:		
BIRTHDATE:		AGE:		
ADDRESS:		POSTAL CODE:		
PHONE NUMBER:		E-MAIL:		
SCHOOL:		GRADE:		T-SHIRT SIZE:

PARENT/GUARDIAN INFORMATION

FIRST NAME:		LAST NAME:	
PHONE NUMBER:		EMAIL:	
FIRST NAME:		LAST NAME:	
PHONE NUMBER:		E-MAIL:	

QUESTIONNAIRE

Do you have any health factors or disabilities that may limit participation at your volunteer placement?

☐ Yes ☐ No

If yes, how can we help to ensure your placement is successful?

Do you have any allergies? ☐ Yes ☐ No

If yes, please provide details:

Hobbies and Interests

Previous Experience Working/Volunteering

Why do you want to be a Leader in Training?

How will you get to work each day?

PARENT/GUARDIAN DECLARATION

PHOTO RELEASE

Permission is hereby granted for the City of Campbell River to take and use photographs and videos of the above-mentioned participant for promotions and records.

☐ Yes ☐ No

I, _____ of _____
Full name of parent/guardian *Address*

do hereby give my full permission for my child to participate in the Leaders in Training Program.

It is a condition of participation in any Recreation Activity or Program provided by or on behalf of the CITY OF CAMPBELL RIVER that its agent, servants and employees are not liable in any case, for any loss, damages, injury or ambulance services resulting from or in connection with such participation.

I have read and have understood the information provided.

Signature *Date*

Please email your completed application to recandculture@campbellriver.ca.

How did you hear about this program?

☐ Email ☐ Facebook/Instagram ☐ Recreation Guide ☐ Local Newspaper ☐ Radio

☐ Other (explain):

The City of Campbell River is collecting this personal information pursuant to s. 26 of the *Freedom of Information and Protection of Privacy Act*, for the following purpose:

26(c) - the information relates directly to and is necessary for a program or activity of the public body.

If you have any questions about this collection of personal information, please contact the City's Privacy Head at foipppa@campbellriver.ca or 250-286-5700.

CITY OF CAMPBELL RIVER OFFICE USE ONLY

APPLICATION RECEIVED ON: _____

FULL NAME OF APPLICANT: _____

NAME OF STAFF: _____