City of Eureka-Recreation Division

Leader-In-Training Application - Due by June 4, 2010

Teens: Please print clearly & complete the entire application ● **Parents**: Please sign Parent/Guardian Agreement

PERSONAL INFORMATION:

NAME:_____ **Date:**_____
Last First Middle Initial

ADDRESS:_____/_____/_____/_____
Street City State Zip

PHONE NUMBER: _____

DATE OF BIRTH: _____ **T-SHIRT SIZE:** _____

PARENT/GUARDIAN CONTACT:

NAME:_____ PHONE NUMBER:_____
Last First

EDUCATION INFORMATION:

NAME OF SCHOOL:_____ **CURRENT GRADE:**_____

WORK/VOLUNTEER EXPERIENCE:

AGENCY/EMPLOYER: _____ **DATES:**_____

CONTACT NAME: _____ **PHONE:**_____

POSITION TITLE: _____

RESPONSIBILITIES: _____

Please list any additional training or experience: _____

_____

_____

HOBBIES/EXTRACURRICULAR ACTIVITIES: _____

_____

_____

AWARDS/HONORS: _____

_____

_____

What would you like to learn from the L.I.T. experience?_____

_____

_____

_____

_____

Describe a situation where you have demonstrated leadership skills.

_____

_____

_____

_____

See Back Side

Please write about yourself to give us a better idea of who you are, and how you will contribute to the L.I.T. Program. What has happened or is happening in your life (experiences, personal interests, friends, feelings, ideas etc.) and how will this translate to your participation in the L.I.T. Program?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

What is your definition of the word FUN?

_____
_____
_____
_____
_____
_____
_____
_____
_____

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY.

I understand that I am applying for a volunteer position and no monetary compensation will be awarded. If selected, payment will be required ($45/week per participant).

PRINT APPLICANT NAME: _____ **DATE:** _____

APPLICANT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN AGREEMENT:

1. I commit to being a partner in my child's participation in the L.I.T. Program. I will provide transportation and encourage my child to practice punctuality and good attendance. I know that if my child is selected it is important to emphasize his/her participation and good attitude, especially because this is a competitive program and selection is a privilege.
2. My child is in good physical and emotional health.
3. I, as parent or guardian, have legal custody of the child applying for the L.I.T. Program.
4. I am responsible for payment of fees and any other expenses incurred by my child.
5. Permission is granted for my child to participate in all L.I.T. activities.
6. I have read and understand all the pages of the brochure and this application form.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

Please return all application materials to:

The John Ryan Youth Center, L.I.T. Program
1653 J St. Eureka, CA 95501
Phone: 441-4224 Fax: 268-1845

Leader-In-Training Reference Form

Please have someone (former employer, teacher, coach, minister, family friend) **other than a relative fill out this form.**

_____ (applicant's name) is applying for a position as a Leader-In-Training with the City of Eureka Department of Recreation. The Leader-In-Training program is targeted for youth ages 13-17. The idea behind the L.I.T. Program is to foster the development of leadership skills. The program is designed to increase awareness of personal responsibility and character development, in order to provide youth with necessary life skills for future success.

NAME(Individual giving reference):_____

RELATIONSHIP TO APPLICANT: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

Please describe why you think the applicant would be a good candidate for the City of Eureka's Leader-In-Training Program (Include details regarding the applicant's maturity level, personal strengths/skills & overall character):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Do you feel the applicant would make a serious commitment to the L.I.T. Program? Why or why not?_____

_____

_____

Please give any additional information that would be helpful in assessing the applicant's ability to serve as a Leader-In-Training:_____

_____

_____

May we call you regarding this applicant? _____ **Daytime Phone:** _____

Signature: _____ **Date:**_____