



## Leader-In-Training (L.I.T.) Application Form

### Applicant

Name:
Email Address:
Cellphone:
Date of Birth:
Preferred pronouns:
Address:
Please list any allergies, medications, and medical conditions we should be aware of:
Volunteer Experience, Work Experience, Hobbies & Interests:

### Emergency Contact

Name:
Relationship to applicant:
Email:
Phone:

## Reference

Name:
Relationship to applicant:
Phone:

Please check the corresponding box of the week(s) you are interested in volunteering with us. Volunteers are expected to be present from 8:30am-4:30pm. If you need a modified schedule, please let the coordinators know this in your interview.

Week 1 (July 2-6)		Week 5 (July 29-August 2)	
Week 2 (July 8-12)		Week 6 (August 6-9)	
Week 3 (July 15-19)		Week 7 (August 12-16)	
Week 4 (July 22-26)		Week 8 (August 19-23)	

Total Number of Weeks: \_\_\_\_\_

<p><b>Waiver of Liability:</b> I agree to release and waive all claims and hereby indemnify and hold harmless the Corporation of the Municipality of Kincardine ("Municipality") and its elected officials, officers, employees, agents, representatives, volunteers, and other participants, (the "Indemnified Persons" for any and all liability for any property damage or personal injury resulting to me or to any of the above-named person(s) for whom I am in law responsible, from or connected with participation in any activity contemplated by this Registration. I hereby further agree that the Municipality and the Indemnified Persons shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses respecting any act done in good faith, including but not limited to personal injury, death, property damage or loss resulting from or connected with participation in any activity contemplated by this Registration. I have read and understood the Waiver of Liability. SIGNATURE OF MAIN CONTACT REQUIRED TO PROCESS THIS APPLICATION.</p>
<p><b>Freedom of Information:</b> Personal information collected on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001 c. 25 and will be used for the purpose of creating a record for registration in Recreation Department programs. Questions about this collection should be addressed to the Clerk of the Municipality of Kincardine 1475 Concession 5, RR 1, Kincardine, ON N2Z 2X6, 519-396-3468</p>

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

Please submit this form to the Inclusion Coordinator electronically at [summercamp@kincardine.ca](mailto:summercamp@kincardine.ca) or drop off a copy to the Davidson Centre Office. Applicants will be contracted for interviews so please ensure that the phone number and email listed are legible and correct. Applications are accepted until June 3rd, 2024.

There will be two available training dates for L.I.T's to attend, they will cover the same content so only **one** date needs to be circled. Should you be chosen to volunteer with us this summer which training date can you attend:

1. Thursday, June 13th, 2024, 4-6pm @Davidson Centre
2. Friday, June 28th, 2024, 9-11am @Davidson Centre