

SLS Algonquin Canoe Camp SIT/Activity Leader Application

NAME: (first) _____, (last) _____

Group: _____

Age: (as of June 1st) _____ email address _____

Address: _____

First Aid Training: (level/year) _____

Swimming (level/year) _____

Lifesaving (level/year) _____

Have you attended this camp before? (When) _____

Have you or will you attend **Water Skills Safety Training**?

Will you be available to attend a training session in June? _____

FOCUS training? _____

Wood badge training? (Section) _____

Skills you bring or offer to this camp:

References: 1)

2) _____

THIS SECTION IS TO BE COMPLETED ONLY IF APPLICANT IS UNDER 18 YEARS OF AGE

PARENTAL APPROVAL: I hereby approve my Son/Daughter's application for a camp staff position. I have reviewed the information on this form.

Parent's Signature: _____

Date: _____

THIS SECTION IS TO BE COMPLETED BY YOUR GROUP LEADER: UNIT LEADER'S RECOMMENDATION: I recommend the applicant for consideration by the Camp Chief.

I have known this person for _____ years.

Leader's Name (Print): _____

Phone Number _____

Group _____

Leader's Signature: _____

Date: _____

Complete this form and return by **March 30th, 2013**, to:

M.Hayes, 309 Orsi Ave, Bradford, Ontario, L3Z-1B8

Or email to firedog_53@hotmail.com. (905-775-4186)