TOWN OF ORLEANS

Community Services Department

OFFICE OF RECREATION, CULTURE & COMMUNITY EVENTS

19 School Road | Orleans, MA 02653

Name: _____

Home Address: _____ Phone #: _____

School: _____ Grade Completed (2026-2027) _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Allergies/Medical Conditions: _____

_____

Experience: Have you participated in recreational programs? If yes, share your experience:

_____

Tell us about your interests, sports, activities, volunteer work, and special talents:

_____

What motivates you to become a LIT, and what do you hope to learn?

_____

What qualities or skills make you a valuable asset to the Orleans Recreation Summer Program?

_____

Describe a time when you demonstrated leadership, responsibility, and teamwork:

_____

What do you think makes a great leader or role model for younger children?

References: Do not use relatives as references:

1): _____ Phone: _____

First & Last Name

2): _____ Phone: _____

First & Last Name

PLEASE NOTE: This is a volunteer leadership training opportunity. It does not guarantee future employment as a group leader. Future hiring is based on performance, recommendations from your head group leader or the Program Director/Assistant Program Director, and other experiences throughout the program.