



Leader-in-Training Application

Name: _____

Date of Birth: _____ Email Address: _____

Home Address: _____ Phone #: _____

School: _____ Grade Completed (2025-2026) _____

Recreation Experience (Have you participated in any recreation programs before? If so, could you tell us about your experience?): _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Allergies/Medical Conditions: _____

Hobbies/Interests/Awards (Please tell us what you like to do, what interests you, and awards you've received, etc.)

Why would you like to volunteer with us?

What would make you an asset to the Orleans Recreation Summer Program?

Certifications/Special Skills:

Additional Comments: (anything we should know about you)

References: (Name, Phone Number, and Relationship) Avoid using relatives as references.

1): _____ Phone: _____

2): _____ Phone: _____

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