



## Town of Orleans Recreation Department 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 about any 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:

**References: (Name, Phone Number, and Relationship) Do not use 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.