

CITY OF OAK RIDGE RECREATION AND PARKS
RECREATION LEADER-IN-TRAINING APPLICATION

Name: _____ Address: _____

Telephone: _____ Cell phone: _____ Email: _____

Address: _____ City: _____

State: _____ Zip: _____ Age: _____ School: _____ Current grade: _____

List school clubs, organizations or sports teams you are actively involved with.

Have you ever been a camper at the City of Oak Ridge summer camp? _____ Years _____

List other camps you have attended:

Are you currently certified in child and adult CPR? _____ Are you certified in First Aid? _____

If you are not currently certified are you willing to become certified prior to the start of summer camp? Y__ N__

Please place a number 1, 2, 3 or 4 in the blank beside the RecliT session(s) you would like to work, with the number one being your top choice. Sessions may be limited depending on the number of applicants selected. Each session equals two consecutive weeks of camp. First year RecliTs must agree to work both weeks of a session in order to qualify for the program. It may not be possible to switch after the assignments are made.

Please examine your schedule carefully before filling out this section. If you are unavailable during a particular session, please leave that selection blank.

2015 DATES

_____ RecliT Session A	Camp weeks I and II: June 8 – 12 and June 15 – 19
_____ RecliT Session B	Camp weeks III and IV – June 22-26 and June 29- July 2 (no camp on July 3rd)
_____ RecliT Session C	Camp weeks V and VI – July 6 – 10 and July 13 – 17
_____ RecliT Session D	Camp weeks VII and VIII – July 20 – 24 and July 27 – 31

RecliT schedules will vary from 6 to 8 hours per day depending upon the planned activities of the camp. Schedules may be longer on field trip days. For the convenience of parents, daily schedules can be extended if a RecliT needs to be dropped off earlier or picked up later than their scheduled shift. RecliTs are needed the most during morning hours so applicants that are available the first half of the day will be given first consideration.

Please list desired daily schedule: _____

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Please complete the following:

1. Special Interests

In the following list of activities, check (X) once those in which you have participated or had special training. Check (xx) twice those you have had experience in organizing and are prepared to teach. Check (xxx) three times if you have had actual paid job experience.

____ Arts & Crafts ____ Drama ____ Sports ____ Scouts ____ Children's games
____ Swimming ____ Babysitting ____ Special Events ____ Dance ____ Martial Arts
____ Nature ____ Science ____ Math ____ Reading ____ Puppetry ____ Clowning
____ Other _____

2. What experience have you had working with children? (babysitting, bible school, camp counselor, church nursery, etc.)

3. List at least two reasons why you want to volunteer for the RecLiT program.

4. Why do you consider yourself a good candidate for the RecLiT program? What makes you unique?

PARENT AGREEMENT:

I have read and understand the Recreation Leader-in-Training program application letter and understand my child is applying to participate in a training program and will be working with younger children at the City of Oak Ridge Summer Camp. There will be no compensation for time worked and participants will pay a registration fee of \$80 for each two-week session. I agree to have my child apply for the RecLiT Program and participate in an interview. I understand that this is a competitive process and not all applicants will be interviewed and/or selected for the program. I understand that acceptance into the RecLiT program does not guarantee future employment with the City of Oak Ridge.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____