

**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.

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

List other camps you have attended:

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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.

**2016 DATES**

_____ RecliT Session A	Camp weeks I and II: June 6 – 10 and June 13 – 17
_____ RecliT Session B	Camp weeks III and IV – June 20-24 and June 27- July 1
_____ RecliT Session C	Camp weeks V and VI – July 5 – 8 (No Camp July 4 <sup>th</sup> ) and July 11 – 15
_____ RecliT Session D	Camp weeks VII and VIII – July 18 – 22 and July 25 – 29

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: \_\_\_\_\_