



Pictou Recreation and Parks
40 Water Street P.O. Box 640
Pictou, Nova Scotia Canada B0K 1H0
902.485.4372 Fax 902.485.8110

Recintern@townofpictou.ca / www.townofpictou.ca

Junior Leader Application

Name of Applicant: _____

Mailing Address: _____

(Street)

(City/Village)

(Postal Code)

Telephone Number: (h) _____ (c) _____

Email: _____

Health Card Number: _____

Guardians Name: _____

Telephone Number: (h) _____ (c) _____

Have you been a Day Camp Participant? _____ If yes, how many years? _____

Parental Consent

(Must be completed by applicant's Parent/Guardian)

I hereby request that my child be accepted to participate in Pictou Recreation and Parks' Summer Day Camp Jr. Leader Program. I, the undersigned, as the legal parent/guardian hereby authorize Pictou Recreation and Parks Staff to provide and administer immediate first aid and to secure medical advice or services to ensure the proper treatment for my child if the need arises.

Parent/Guardian Signature: _____

Date: _____

Allergies/Medical/Behavioral Conditions

Please list and describe any Allergies or Medical Conditions.

Education and Experience

Name of School: _____

Current Grade: _____

Experience with Children

Do you have any siblings? (Circle yes or no) If yes, how many ___ ages ___

Have you ever worked with children? (Circle one) YES/NO

Number of Children: ___ Age Group: ___ Sex: male/female/both

Explain the environment you were in when working with the children

(Day care setting, camp, church, coach, etc)

Describe the activities you assisted in leading or led.

Leadership Skills

With the following, put a check mark beside any activity you consider a hobby or an activity that you would be able to lead our campers in:

- | | | | |
|-------------|------------------|---------------------|------------|
| Archery | Astronomy | Baseball | Basketball |
| Drama | Forestry | Game leading | Guitar |
| Hiking | Jewellery making | Karate/martial arts | Nature |
| Crafts | Painting | Photography | Volleyball |
| Cooking | Science | Soccer | Gymnastics |
| Ball hockey | | | |
| Other | | | |

Please list your participation in clubs and or groups, or teams?

Application & Admissions

I hereby certify that the information provided on this application is accurate to the best of my knowledge.

Applicant Signature

Parent/Guardian Signature