

CAMPBELL RECREATION DAY CAMP



LOT



LEADERS-IN-TRAINING

APPLICATION PACKET

SUMMER 2020

Teens, ages 14-16, gain leadership skills and work experience as Leaders-in-Training! Each session includes training in game leadership, program planning, leading camp songs, participant safety procedures, field trip supervision, interview techniques, and program evaluations.

LITs will experience first-hand camp leadership as they work alongside staff, go on one field trip, and assist in the organization of the Friday all-camp Sing-A-Long.





City of Campbell Leader in Training Application Summer 2020

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Preferred Phone Number: _____ Home Phone Number: _____

Email Address _____

School: _____ Grade in Fall 2020: _____ Date of Birth: ____/____/____

T-shirt Size: _____ Have you been an LIT before? _____. If yes, what year? _____

Summer Camp Dates

Please mark the date(s) that are best for your summer schedule. LITs will be placed in one of the two options.

Monday– Friday July 6 to July 17

Monday– Friday July 20 to JULY 31

Summer Camp Program Experience

LITs will gain leadership experience at a variety of summer camps such as those listed below.

The Leader in Training program day begins at 9:30 am and ends at 2:00 pm at John D. Morgan Park.

Camp Name	Kids Ages	Camp Hours
Camper Cubs	4-5	10 am - 1 pm
Bullfrogs	5-6	10 am - 3 pm
Grasshoppers	6-7	10 am - 3 pm
Sea Turtles	6-8	10 am - 3 pm
Sunshine Kids	7-8	10 am - 3 pm
Adventure Camp	9-10	10 am - 3 pm

Once admitted, the program is free. While the program is a great work experience opportunity, it does not guarantee future employment with the City of Campbell.



CITY OF CAMPBELL LEADER IN TRAINING APPLICATION – SUPPLEMENTAL FORM

Please complete the following questions about yourself in the space provided below. Your answers will help the aquatic team when they meet you, and when preparing for training and placement during the summer.

1. Why do you want to be a Leader in Training with the City of Campbell Recreation & Community Services Department? _____

2. What experiences have you had that would make you a good candidate for the LIT program?

3. What role do you take in a group (school, church, extracurricular, etc.)? For example, are you a leader? Do you follow direction well? Are you detail oriented?

4. What skills do you have that would be especially helpful during summer camps?

LETTER OF RECOMMENDATION REQUIREMENT



Recommendation Letters

Leader in Training applicants must submit a letter of recommendation with their application. This letter can be prepared by a teacher, coach, church advisor, or someone who knows you well. Letters of recommendation cannot be from a family member. This letter should be no more than one page typed. Please ask for the letter to be sealed in an envelope to submit with your application paperwork.

CITY OF CAMPBELL VOLUNTEER REGISTRATION

The City of Campbell requires that all volunteers be registered, oriented, supervised and participate in any training required by their chosen volunteer job. All registered volunteers are covered by the City's Workers' Compensation Insurance while on volunteer assignment or participating in training directly connected with such duty. The following information will be on file in the Volunteer Office.

VOLUNTEER'S NAME: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP TO VOLUNTEER: _____

Phone (____) _____

Known allergies: _____

Please list any medications the volunteer will be taking during program participation: _____

PARTICIPATION AGREEMENT:

In return for orientation, training, supervision and evaluation of my volunteer efforts, I agree to:

_____ take my volunteer commitment seriously and work in a professional manner;

_____ keep my agreed upon schedule, which includes: being on time, notifying my project supervisor in case of illness, delay, unavoidable absence or the need to discontinue my assignment before its completion;

_____ respect the confidentiality of all materials with which I come into contact.

Signature: _____ Date: _____

TO BE COMPLETED BY A PARENT/GUARDIAN :

If an emergency occurs involving the above named minor and a parent/guardian cannot be reached, the undersigned authorizes the Campbell Recreation Day Camp Specialist or such substitute as he/she may designate, as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor. This must be deemed advisable by and rendered under the general or special supervision of a licensed physician, surgeon or dentist.

Signature of Parent/Guardian

Date

APPLICATION CHECKLIST:

- Completed application
- Your signature
- Parent/guardian signature
- Supplemental questions
- Letter of recommendation (non-family member)

WHAT'S NEXT?

1. Applications Due: Thursday, April 2 by 4:30 pm
Campbell Community Center at 1 West Campbell Ave.,
#C-31, Campbell, CA 95008- in person
2. Interview Screening Day: Saturday, April 18 (time to be confirmed by 4/8- must attend to be considered)
3. Notifications: Friday, April 24 - Applicants will be notified by email of their status with the program

